



## CITY OF GREEN COVE SPRINGS IRRIGATION METER APPLICATION

Name of Applicant: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Parcel#: \_\_\_\_\_

Address for Meter: \_\_\_\_\_

¾-inch service, ¾-inch meter ..... \$ 550.00

Impact Fee ... \$215.00

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Applicant's Signature(s)

Date

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For office use only:

Location Code/s: \_\_\_\_\_

Impact Fee Charged \_\_\_\_\_

Utility verification: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order for Installation: \_\_\_\_\_ Date: \_\_\_\_\_