

# PLUMBING IRRIGATION PERMIT APPLICATION

Physical Address/Intersection	DL:	Within a NFIP floodway: Yes                      No	
Abstract/Addition	Acres/Block:	Lot(s):	Applicant/Owner Phone Number:
Applicant/Owner:	Applicant/Owner Email:		
Mailing Address:	City:	State:	Zip:
Property Owners Name	Property Owners Phone Number	Property Owner's Mailing Address& Zip	VALUATION( PARTS & LABOR)
<b>CLASS OF WORK</b>	<b>WATER SOURCE</b>	<b>DESIGN PRESSURE</b>	<b>MAIN LINE</b>
ADDITION <input type="checkbox"/>	Irrigation Meter <input type="checkbox"/> Size: _____ <b>BACKFLOW PREVENTION DEVICE</b>	Isolation <input type="checkbox"/> (10ft from meter maximum)	Size: <input type="checkbox"/> <b>LATERAL LINES</b>
ALTERATION <input type="checkbox"/>	Location <input type="checkbox"/> (10ft from meter maximum)	Y-Strainer <input type="checkbox"/>	Material Type: <input type="checkbox"/>
REPAIR <input type="checkbox"/>	Serial Number <input type="checkbox"/>	Type: <input type="checkbox"/> <b>PRESSURE REGULATOR REQUIRED: YES OR NO</b>	Size: <input type="checkbox"/> <b>ELECTRCAL SPLICES</b>
MANU- <input type="checkbox"/>	Model Number:	Number: _____	
Irrigation Contractors Name	Irrigation Contractors Phone Number	Irrigation Contractors Mailing Address	Texas Contractors License Number
Others Name	Others Phone Number	Others Mailing Address	Texas Others License Number

## Backflow Device is to be installed to manufacturer recommendations, information, and State and Local Code

### EXPIRATION

The permit shall expire by limitation and become null and void if the work authorized by he permit is not commenced within six months from the date of issuance of the permit.

1. Before work can be recommended, a new permit must be obtained.
2. The fee for the subsequent permit shall be one-half of the amounts required for the original permit, provided no changes have been made in the original plan specifications for the work and that the suspension or abandonment has not exceeded one year.

### INCLUDED WITH APPLICATION

(Please refer to back page for reference)

Site Plan ☐

Location of Backflow ☐

Digital Plan ☐

Rain & Freeze Sensor ISO Valve

CITY OF CANADIAN USE ONLY:

Received \_\_/\_\_/\_\_

Approved \_\_/\_\_/\_\_

### NOTICE-PLEASE READ BEFORE SIGNING

A minimum 48-hours review period begins at 9:00 a.m. on the day following receipt of this application.

No work shall be performed, nor any accepted until a permit has been issued.

Applicant Signature:	Applicants Name (print):	Date:
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