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## Irrigation/Backflow Residential Permit Application Checklist

**DO NOT SUBMIT UNTIL ALL REQUIRED ITEMS ARE CHECKED.**

**Project Address** (Correct address must be on all documents.) \_\_\_\_\_

**Main Application:**  Valuation  Homeowner Email Address:  Phone number

Contractor Office Email  Phone Number

**Backflow Prevention Assembly & Maintenance Report Form:** Choose PSW and PSW ID on included form.

### Contractor Registries:

COI single page only.

**Master Plumbing Contractor Registry Form**  COI Insurance  DL  Licenses

**Irrigator Contractor Registry Form**  COI Insurance  DL  License

**Backflow Installer License**  COI Insurance  DL

### Irrigation Details:

**Irrigation plans**  Irrigation plans are required as part of the site plan and will be prepared by a licensed irrigator (either a licensed landscape architect or engineer. See Zoning Ordinance 215-A page 106 at [annettatx.gov](http://annettatx.gov) under Government - Ordinances.

**INSTRUCTIONS:** You must complete and turn in the Backflow Prevention Assembly Test and Maintenance Report for the reduced pressure principal backflow prevention assembly as defined and required in Title 30 Part 1 Texas Commission on Environmental Quality Chapter 344.50. With on-site sewer, double check valves are not allowed 344.50(c). This permit requires a passing final inspection. Call Bureau Veritas at 877-837-8775 to schedule the inspection once complete.

- When maintenance, alteration, repair or service of an irrigation system involves excavation work at the water meter or backflow prevention device, an isolation valve shall be installed, if an isolation valve is not present. You must notify the Town of Annetta before entering meter box at 817-441-5770.
- **A passing backflow test result must be provided annually for each device.**
- Submit signed original to PO Box 1150, Annetta, Texas 76008 or turn in at 450 Thunder Head Lane. You may use the 24/7 drop box located by the flagpole.

I HAVE REVIEWED ZONING ORDINANCE 215 A AND AMMENDMENTS, BUILDING CODE ORDINANCE 168, AND ENGINEERING DESIGN MANUAL REQUIREMENTS FOR MY PROJECT.

**Signature of Submitter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Depending on the type of project additional information may be required.

Texas Commission on Environmental Quality  
**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping \*purposes:

NAME OF PWS:	Town of Annetta Deer Creek / Lakes of Aledo / Learners
PWS ID#:	DC: 1840111 LOA: 1840164 L: 1840206
PWS MAILING ADDRESS:	PO Box 1150, Annetta, Texas 76008
PWS CONTACT PERSON:	Roger Crutcher
ADDRESS OF SERVICE:	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):			
<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer:	Main:	Bypass:	Size:	Main:	Bypass:
Model Number:	Main:	Bypass:	BPA Location:		
Serial Number:	Main:	Bypass:	BPA Serves:		

Reason for test:	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?					<input type="checkbox"/> Yes <input type="checkbox"/> No

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
<b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/>	Held at     psid	Held at     psid	Opened at     psid	Held at     psid	Opened at     psid	Held at     psid
<b>Initial Test</b> Date:     Time:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	psid Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	psid Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> )	Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main:   Bypass:					
<b>Test After Repair</b> Date:     Time:	Held at     psid	Held at     psid	Opened at     psid	Held at     psid	Opened at     psid	Held at     psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	psid	Closed Tight <input type="checkbox"/>		psid

\*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy:

Remarks:	

Company Name:		Licensed Tester Name (Print/Type):	
Company Address:		Licensed Tester Name (Signature):	
Company Phone #:		BPAT License #	
		License Expiration Date:	

The above is certified to be true at the time of testing.

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS



Phone: (817) 441-5770  
 Email: permits@annettatx.gov

450 Thunder Head Lane  
 Annetta, TX 76008

## Residential Permit Application

Building Permit Number: _____		VALUATION: _____	
Project Address: _____		Zoning: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
FENCE <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
Description of Work:			
Area Square Feet:		Covered _____	
Living: _____	Garage: _____	Porch: _____	Total: _____
IS THIS PROPERTY IN A FLOODPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide Flood Plain Certificate

Homeowner Name: _____
Phone: _____ Email: _____
General Contractor Office Email: _____
Office Phone Number: _____ Fax: _____

<b>General Contractor</b>	Contact Person	Phone Number	<input type="checkbox"/>
<b>Mechanical Company</b>	Contact Person	Phone Number	Master License Number <input type="checkbox"/>
<b>Electrical Company</b>	Contact Person	Phone Number	Master License Number <input type="checkbox"/>
<b>Plumber/Irrigator/Propane Company</b>	Contact Person	Phone Number	Master / License Holder Number <input type="checkbox"/>
<b>Energy Provider</b>	Contact Person	Phone Number	<input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require passing final inspection. \*Building valuations submitted to the Town of Annetta for the purpose of establishing permit fees that are under the "area average" must be accompanied with documentation proving the value of the project. All permits require a passing Final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved: _____	Date: _____
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Building Permit Fee: \_\_\_\_\_ Water/Sewer Meter Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_ (separate check)  
 Electric Fee: \_\_\_\_\_ Building Permit Number: \_\_\_\_\_  
 Plumbing Fee: \_\_\_\_\_ Building Permit Expiration: \_\_\_\_\_  
 Mechanical Fee: \_\_\_\_\_

**Total Permit Fees:** \_\_\_\_\_  
**Date Paid:** \_\_\_\_\_  
**Issued Date:** \_\_\_\_\_  
**Issued By:** \_\_\_\_\_  
**BV Project #:** \_\_\_\_\_