



City Received Date Stamp

Permit Number

LAWN SPRINKLER/IRRIGATION APPLICATION

Incomplete applications will not be accepted.

FEE: \$75.00

Date: _____

Property Address: _____

Property Owner: _____

Contractor Name: _____

Master's Name: _____ State Licensee Number: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

TYPE OF BACK FLOW PREVENTION DEVICE: _____

Cost of all labor and Materials \$ _____

INSPECTOR WILL NOT DO FINAL UNTIL BACKFLOW CERTIFICATE IS ON FILE AT CITY HALL.

<p>NOTICE: AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT FOR A PERIOD OF 180 DAYS. AT LEAST ONE (1) CITY INSPECTION IS REQUIRED EVERY 180 DAYS. ALL PERMITS REQUIRE FINAL INSPECTION.</p>	<p>Signature _____</p>
<p>I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>	<p>Date _____</p>
	<p>Printed Name _____</p>
	<p>Title _____</p>

For City Use Only:		
Fee Paid _____	CK/Receipt # _____	Received by _____



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

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: City of Parker
 PWS I.D. #: 0430045
 LOCATION OF SERVICE: _____

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

TYPE OF ASSEMBLY

- Reduced Pressure Principle
- Pressure Vacuum Breaker
- Double Check Valve
- Atmosphere Vacuum Breaker

Manufacturer _____ **Size** _____

Model Number _____ Serial Number _____

Located At _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____ psid	_____ psid
Initial Test	Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ psid Leaked <input type="checkbox"/>	Opened at _____ psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Closed Tight <input type="checkbox"/> _____ psid	Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid	_____ psid

The above is certified to be true.

Firm Name _____ Certified Tester _____

Firm Address _____ Cert. Tester No. _____ Date _____