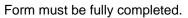
BACKFLOW TESTING PERMIT

3219 California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Fax: (817) 984-8254





Date:					
Lot:			Block:		
Job Address:					
Contractor Address:					
Contractor License #:					
Owner/Builder Name:					
Description of Work:	☐ New	Addition	Alteration	Repair	
		No	otice		
This permit shall become construction is suspended				commenced within 180 day after work is commenced.	ys or if work or
	y of Forest Hill,	Texas, as provide	d for by the City C	he Applicant that the Rules, I ouncil and interpreted by the t.	
TRUE AND CORRECT. COMPLETED WHETHER	ALL PROVISION SPECIFIED FOR	ONS OR LAWS A HEREIN OR NOT. CANCEL THE P	ND ORDINANCES THE GRANTING ROVISIONS OF	ICATION AND KNOW THE S COVERING THIS TYPE W S OF A PERMIT DOES NOT ANY OTHER STATE OR CTION.	ORK WILL BE PRESUME TO
Applicant Signature:				_ Date:	
Approved By:				Date:	