

BACKFLOW TESTING PERMIT

3219 California Pkwy, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be fully completed.

Date: _____

Lot: _____ Block: _____

Job Address: _____

Contractor Name: _____

Contractor Phone: _____

Contractor Address: _____

Contractor License #: _____

Owner/Builder Name: _____

Owner/Builder Phone: _____

Owner/Builder Address: _____

Description of Work: New Addition Alteration Repair

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Fee: \$60.00

Paid by: Check # _____ Credit/Debit Money Order/Cashier's Check Cash

When paying by credit or debit card, certain fees apply.

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Remarks: _____

Notice

This permit shall become invalid if work or construction authorized is not commenced within 180 days or if work or construction is suspended or abandoned for a period of 180 days at anytime after work is commenced.

This Permit is granted with the distinct and clearly understood agreement by the Applicant that the Rules, Regulations, and Ordinances of the City of Forest Hill, Texas, as provided for by the City Council and interpreted by the City Plumbing Inspector, will be carried out, or adhered to in every part, manner, and respect.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES COVERING THIS TYPE WORK WILL BE COMPLETED WHETHER SPECIFIED HEREIN 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 LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____