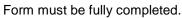
## **BACKFLOW TESTING PERMIT**

3219 California Pkwy, Forest Hill, TX 76119

Phone: (817) 806-4561 Email: permits@foresthilltx.org





| Tomi must be fully compl           | eleu.                                      |   |  | COMMUNITY  | / DRIVEN                     |
|------------------------------------|--|---|--|--|------------------------------|
| Date:                              |  |   |  |  |                              |
| Lot:                               |  |   | Block:                                   |  |                              |
| Job Address:                       |  |   |  |  |                              |
| Contractor Name:                   |  |   |  |  |                              |
| Contractor Phone:                  |  |   |  |  |                              |
| Contractor Address:                |  |   |  |  |                              |
| Contractor License #:              |  |   |  |  |                              |
| Owner/Builder Name:                |  |   |  |  |                              |
| Owner/Builder Phone:               |  |   |  |  |                              |
| Owner/Builder Address:             |  |   |  |  | <u></u>                      |
| Description of Work:               | ☐ New                                      | ☐ Addition                                      | ☐ Alteration                             | Repair   |                              |
| When paying by credit or           | debit card, cert                           |   |  | ney Order/Cashier's Check  | ======                       |
|                                    |  |   | otice                                    |  |                              |
|                                    |  |   |  | commenced within 180 day after work is commenced.  | ys or if work or             |
|                                    | ty of Forest Hill,                         | , Texas, as provide                             | ed for by the City C                     | the Applicant that the Rules,<br>council and interpreted by the<br>ct.                                 |                              |
| TRUE AND CORRECT. COMPLETED WHETHE | ALL PROVISI<br>R SPECIFIED I<br>VIOLATE OR | ONS OR LAWS A<br>HEREIN OR NOT.<br>CANCEL THE F | AND ORDINANCE THE GRANTING PROVISIONS OF | ICATION AND KNOW THE<br>S COVERING THIS TYPE V<br>OF A PERMIT DOES NOT<br>ANY OTHER STATE OR<br>CTION. | WORK WILL BE<br>F PRESUME TO |
| Applicant Signature:               |  |   |  | Date:  |                              |
| Approved By:                       |  |   |  | Date:  |                              |