

CITY OF HEATH

200 Laurence Dr, Heath TX 75032 972-961-4883 Phone 469-273-4015 Fax

IRRIGATION PERMIT

PERMIT #_____

Project Address:			_
Owner	Phone	Email	
Owner Address			
Street	City	State	Zip
<u>Irrigator</u> Contractor	Phone	Email	
Conductor	1 110110	Dinuii	
Project Contact	Phone	Email	
Backflow Tester			
Contractor	Phone	Email	
Briefly describe work to be done:			
Make: M	odel:		
For all RPZ installations provide a site	plan with location of the backflow b	ack siphonage device.	
 Irrigation system must be inst Original backflow test report Permit & Inspection fee is bas If property has private se 	itted on an 11x17 copy by a licensed alled in accordance with TCEQ required by submitted to The City of Heated on valuation of construction. (Rewer system (OSSF), attach a collateral lines, and leach field.	irements & The City of Heath O ath. e-inspection fees may be assesse	rdinances. d as necessary)
I am the owner, the contractor or Ordinances of The City of Heath. I submitted plans or documents, and and The City of Heath Code of Ordinand all construction stopped until a premises to make inspections. I her true.	This permit is issued on the basis of is subject to the provisions and remances. If any information is found in the permit has been approved	of information furnished in the equirements of the 2015 Interest to be untrue or incomplete the and issued. Permission is he	nis application and on any mational Residential Code his permit may be revoked reby granted to enter the
Approved:	a.		
Building Dept	Sig	gned Contractor or	Agent
Date	Da	Date:	

Permit Fee _____