



**TOWN OF BARTONVILLE
APPLICATION OF BUILDING PERMIT**

Permit No.: _____

Job Address:		Date:
Subdivision/Abstract:	Block:	Lot/Tract:
Permit Type: <input type="checkbox"/> New Residence <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Pool <input type="checkbox"/> Sprinkler <input type="checkbox"/> Water Well <input type="checkbox"/> Driveway/Culvert <input type="checkbox"/> Tree Removal <input type="checkbox"/> Accessory (specify: _____) <input type="checkbox"/> Other (specify: _____)		Intended Use:
Sq Footage: <input type="checkbox"/> A/C <input type="checkbox"/> Non-A/C	Water Supply:	Est. Value:

Owner:	
Address:	Phone:
Contractor:	
Address:	Registration No:
Mobile:	Phone:
Electrical Sub:	
Address:	Registration No:
Mechanical Sub:	
Address:	Registration No:
Plumbing Sub:	
Address:	Registration No:
Phone:	

NOTICE	PERMIT FEES FOR OFFICE USE ONLY:
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or construction on work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits are valid for one year .	A/C sq foot fee: _____
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel any other Federal, State or local law regulating construction or the performance of construction.	Non A/C sq foot: _____
_____	Tree Removal fee: _____
Applicant's Signature	Driveway/Culvert: _____
Date	Sep. Conv.: _____
_____	Sep Aerobic: _____
Printed Name	Other: _____
	TOTAL: _____

<input type="checkbox"/> Zoning _____	<input type="checkbox"/> All Easements and R.O.W's shown
<input type="checkbox"/> Legal & Dimension match plat	<input type="checkbox"/> Culvert size _____
<input type="checkbox"/> Req'd front yard Front yard size: _____	<input type="checkbox"/> Flood plain Permit req? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Req'd rear yard Rear yard size: _____	<input type="checkbox"/> Septic permit approved
<input type="checkbox"/> Req'd side yard Rt yard size: _____ Lt yard size: _____	

Comments: _____

Comments on plans: yes no

Approved by: _____ Date: _____

ITEMS TO BE SUBMITTED WITH PERMIT APPLICATION SPRINKLER SYSTEM

The Town requires the approval of the septic permit prior to the review and issuance of a new residence permit. **All** items must be included or permit **will not** be reviewed.

Three scaled plot plans showing all property lines, the footprint of all structures on the property (existing and proposed), and the location of the sprinkler heads.*

All necessary permit fees

*One set of plans will be returned to the builder after approval

All sprinkler systems, regardless of water source, require a sprinkler permit and inspections!

SCHEDULE OF INSPECTIONS

The following inspections must be made on the same trip. Additional calls are not covered by the permit fee, therefore, if they are called separately you will be charged a \$75.00 re-inspection fee. Please call Town Hall at 817-430-4052 to schedule an inspection.

1. Plans inspected
2. Backflow preventor, control system and all heads

The following is a list of items that the inspector will be looking for. This is meant as a guide to assist you in obtaining approval for your work and may not include everything the inspector is looking for.

1. All sprinkler systems must be certified by a certified backflow inspector. The certified backflow test must be placed in the permit bag or in the backflow box at time of final inspection.

Backflow preventor may be:

A) An accepted double check valve assembly installed in a box below ground with a one foot (1') deep gravel bed below. Double check valves installed underground must have all test - cock orifices plugged with threaded plugs.

B) A vacuum breaker in the supply line electrically controlled by the control panel so that it turns on and off with each system.**

C) A vacuum breaker at the beginning of each system electronically controlled by the control system.**

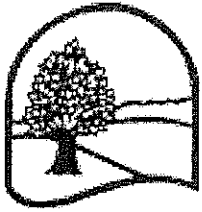
**Each vacuum breaker must be at least six inches (6") higher than the highest head served. Gravel must be installed at the bottom of the backflow box.

2. Work within eight feet (8') of the backflow valve or at connection to main water source must be uncovered at time of final inspection.

Private water systems shall not be connected to the public water source. No automatic drains permitted below grade.

RE-INSPECTION FEES

A \$75.00 Re-Inspection fee will be charged if the following is not complete: (1) porta potty, erosion fence and/or trash bin are not set up before construction begins, (2) an inspection is not ready when the inspector arrives, (3) an inspection fails (red-tag), (4) a previous red tag item has not been corrected, or (5) a complete set of plans is not available at the time of inspection.



TOWN OF BARTONVILLE

BACKFLOW DEVICE TEST REPORT

Address of Device Installed: _____

Location of Device: _____

The backflow prevention assembly detailed below has been tested and maintained in accordance with TCEQ (formerly TNRCC) regulations and is certified to be operating within acceptable parameters.

Type of Assembly

Reduced Pressure Principle

Pressure Type Vacuum Breaker

Double Check

Atmospheric Vacuum Breaker

Manufacturer: _____

Size: _____

Model Number: _____

Serial Number: _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		RELIEF	Air Inlet	Check Valve
	FIRST CHECK	SECOND CHECK	VALVE	Opened at:	
Initial Test	DC-Closed Tight____ RP - _____psid Leaked _____	Closed Tight____ Leaked _____	Opened at: ____psid	____psid Did Not Open_____	____psid Leaked_____
Repairs/ Materials Used					
Test After Repair	DC-Closed Tight ____ RP - _____psid	Closed Tight _____	Opened at: ____psid	Opened at: ____psid	____psid

The above information is certified to be true.

Signature of Certified Tester

Printed Name of Certified Tester Date

Backflow Tester Number

Company Name