

CITY OF IOWA COLONY

TRADE PERMIT APPLICATION

12003 IOWA COLONY BLVD. IOWA COLONY TX. 77583 PHONE: 281-369-2471 FAX: 281-369-0005

Job Address: _____

Contractor: _____

All contractors must be registered with the city (except home owner working as contractor)

Contractor Phone: _____ Contractor Email: _____

Plumbing Subcontractor Name: _____ Email: _____ Phone: _____

Electrical Subcontractor Name: _____ Email: _____ Phone: _____

Owner Name _____ Owner Phone Number _____

Subdivision _____ Lot _____ Block _____

Zone District _____ Flood Zone _____

CLASS OF WORK: Residential (no commercial activity) _____ Commercial _____

TYPE OF WORK: Electrical _____ Plumbing _____ Mechanical _____ Other _____

SCOPE OF WORK _____

Valuation \$ _____ Square Footage (if applicable) _____

READ AND SIGN -

I acknowledge that this permit covers only the scope of work outlined. All work must be done in accordance with any laws and ordinances governing this type of work whether specified herein or not. I have read and examined this application and know the same to be true and correct.

Signature _____ Date _____

FOR OFFICE USE ONLY

CITY OFFICIAL _____

APPROVED _____ DENIED _____

DATE _____

REVIEW PERIOD 5-7 BUSINESS DAYS

RESIDENTIAL PERMITS ARE VALID FOR 180 DAYS

COMMERCIAL PERMITS ARE VALID FOR 365 DAYS

For the fee schedule please go www.iowacolonytx.gov
Applications and documents can be submitted to rachel@iowacolonytx.gov

Texas Commission on Environmental Quality
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	
PWS ID#:	
PWS MAILING ADDRESS:	
PWS CONTACT PERSON:	
ADDRESS OF SERVICE:	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):

<input type="checkbox"/> Reduced Pressure Principle (RPBA)	<input type="checkbox"/> Reduced Pressure Principle-Detector (RPBA-D)	Type II <input type="checkbox"/>
<input type="checkbox"/> Double Check Valve (DCVA)	<input type="checkbox"/> Double Check-Detector (DCVA-D)	Type II <input type="checkbox"/>
<input type="checkbox"/> Pressure Vacuum Breaker (PVB)	<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker (SVB)	

Manufacturer:	Main:	Bypass:	Size:	Main:	Bypass:
Model Number:	Main:	Bypass:	BPA Location:		
Serial Number:	Main:	Bypass:	BPA Serves:		

Reason for test:	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?					<input type="checkbox"/> Yes <input type="checkbox"/> No

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 st Check	2 nd Check***				
Initial Test Date: _____ Time: _____	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair Date: _____ Time: _____	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy :

Remarks:	

Company Name:	Licensed Tester Name (Print/Type):
Company Address:	Licensed Tester Name (Signature):
Company Phone #:	BPAT License # _____ License Expiration Date: _____

The above is certified to be true at the time of testing.

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS