



152 N. MAIN DRIVE, VAN ALSTYNE TEXAS 75495  
Phone 903.482.5426

## RESIDENTIAL PERMIT APPLICATION

Permit #:

General:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Fence:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R
Electrical:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Irrigation:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R
Mechanical:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Backflow:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R
Plumbing:	<input type="checkbox"/> Reg.	<input type="checkbox"/> N/R	Code Violation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Incomplete application and/or submittal will delay the review process.*

*One (1) full sets of plans, one (1) set being no larger than 11" X 17" in size are required to be submitted with application.*

Scope of work: \_\_\_\_\_

☐ Single Family Dwelling      ☐ Addition      ☐ Remodel      ☐ Demolition  
☐ Townhome/Condo      ☐ Duplex      ☐ Model Home      ☐ Other: \_\_\_\_\_

Job Address: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_

HOA: \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Address \_\_\_\_\_

General Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ E-mail \_\_\_\_\_

Fence Contractor (new homes only) \_\_\_\_\_ E-mail \_\_\_\_\_

Irrigation Contractor (new homes only) \_\_\_\_\_ E-mail \_\_\_\_\_

Backflow Tester (new homes only) \_\_\_\_\_ E-mail \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Plan #: \_\_\_\_\_ Total Area: \_\_\_\_\_

# Dwellings: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Zoning: \_\_\_\_\_

Water Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sewer Available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flood Prone Area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drainage/Utility Easements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical Provider:	<input type="checkbox"/> GCEC	<input type="checkbox"/> Yes	Gas Provider:	<input type="checkbox"/> Atmos	<input type="checkbox"/> Other

# Stories: \_\_\_\_\_

Area of A/C Space: \_\_\_\_\_

Overall Height of Building (ft): \_\_\_\_\_

Fence Information (only for new homes): Height: \_\_\_\_\_ Material: ☐ Wood ☐ Wrought Iron

Irrigation Information (only for new homes): Type of Assembly: ☐ Double Check ☐ Reduced Pressure

I hereby certify that I have the authority to make the necessary application and that all information provided on this application is correct to the best of my knowledge. The project described herein will be built in accordance with the plans and specifications submitted at time of application. All work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances and regulations. Please note, approval of this permit does not constitute approval of any covenant or regulation that may be required by a homeowner's association (HOA). **The City will not assume responsibility for workability of sanitary sewer on all lots.**

Applicant's Printed Name

Revised 5/2023

Applicant's Signature

Date



PWS#0910009

Permit # \_\_\_\_\_

**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:

ADDRESS OF SERVICE:	FACILITY NAME:
CONTACT NAME:	CONTACT TELEPHONE:

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	
<b>TEST RESULT</b>  PASS <input type="checkbox"/>  FAIL <input type="checkbox"/>	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
<b>Initial Test</b> 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:					
<b>Test After Repair</b> 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

\*\*\* 2<sup>nd</sup> 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



To: Backflow Technicians, Builders, Construction Firms, Irrigators

This letter is to inform you of the new procedures for the recording and confirming of residential/commercial backflow device inspections “upon install” in the City of Van Alstyne, Texas prior to a Certificate of Occupancy. The City has partnered with SC Tracking Solutions LLC, a web based software tool, used to track, catalog and confirm technicians and their inspections. The website is [www.sctrackingsolutions.com](http://www.sctrackingsolutions.com). All technicians/testers must register on the website.

As of June 15<sup>th</sup>, 2014 it will be necessary for technicians/testers to submit a current calibration report, certifications, state license and professional documentation, individual and company. You will have an opportunity to upload documents during registration or send them to us via fax or email. The fee for each backflow assembly tested is \$10.95 plus tax. This fee is paid upon entering the test results in the online tool. City tester registration is \$35 annually, which is paid for on the SCTS tool.

Follow the steps below to complete the new residential/commercial backflow device inspection in a timely manner.

**COMPLETE THIS FORM FOR EACH NEW DEVICE. DO NOT TURN TEST FORMS INTO THE CITY.**

- **PRIOR TO TESTING THE NEW DEVICE** fax or email this completed document for each device to (972) 217-8387 or [cs@sctrackingsolutions.com](mailto:cs@sctrackingsolutions.com). SC Tracking will upload the information for you.
- Technicians/testers go to [www.sctrackingsolutions.com](http://www.sctrackingsolutions.com). Click technician/tester registration and complete the entire process. This process should not take more than a few minutes if documentation is in order and will only need to be completed one time with only periodic updates as licenses or certifications expire.
- Please allow 24 hours for SC Tracking to validate your documentation with state and local databases.
- Once validation is complete you will receive a temporary password via email.
- SC Tracking will then email you Catalog # for this address.
- You will then return to the website, log in using your email address and temporary password, type in the Catalog #, complete the test or tests that apply to you and check out. This will complete your obligation to this inspection and be copied to the city. Maintain your test records per state law.
- A copy of the report then will be emailed to your registered email and the proper Town representative upon completion of the test and checkout.

Address of New Assembly: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Location: \_\_\_\_\_

Building Owner Email: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Type: \_\_\_\_\_ (RPZ, DC, DCDA, PVB, SVB, RPZ II, DCDA II)

Serves: \_\_\_\_\_ **IRRIGATION, DOMESTIC, FIRE, WATER HEATER, etc.**

Technician/Tester Name: \_\_\_\_\_

Technician/Tester Email: \_\_\_\_\_

Please Select:

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

**\*\*Please email or fax this document directly to SC Tracking Solutions. In a few minutes we will input the device information above and send you a Catalog number for report entry.**