



Irrigation Permit Application

- Residential
- Commercial

City of Hutto Development Services Building & Code Enforcement Division
 500 W. Live Oak Street
 Hutto, TX 78634
 Building & Code Enforcement: 512-846-2640
 Fax: 512-759-5962
 building@huttotx.gov
 www.huttotx.gov
 www.mypermitnow.org

APPLICANT INFORMATION (*authorized agent*) This will be the City's official contact.

Business Name _____ License # _____
 Name _____ License Expiration Date _____
 Address _____ Phone _____
 City, State, Zip _____ Email _____

Permit fee	\$ _____
Technology Fee	\$ 7.00
Additional Inspection Fees	\$ _____
Total Fees	\$ _____
Credit Cards, Checks, Money Orders and Cash accepted.	

PROPERTY INFORMATION

Address _____
 Legal Description Lot(s) _____ Block _____ Subdivision _____

PROPERTY OWNER INFORMATION

Name _____ Phone _____
 Address _____
 City, State, Zip _____ Email _____

Please read and check all boxes to indicate you understand all requirements for submission of this permit.

- One set of irrigation plans (that shows backflow device being installed) is required for submission of permit application.
- A copy of the City of Hutto Water and Wastewater Utility Backflow Prevention Test & Maintenance Report must be submitted to www.mypermitnow.org. This test must be completed by an individually licensed and certified backflow tester.
- Schedule inspection after Backflow Prevention Test report has been uploaded to www.mypermitnow.org. Failure to comply will result in termination of water service.
- If irrigation system is on a separate meter, an application for service will need to be applied for and required fees paid through the City of Hutto Water Department.

PROPERTY OWNER CONSENT/AGENT AUTHORIZATION

By my signature I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the submittal of this application. Additionally, my signature below indicates my awareness of the fee(s) required at the time of application submittal and that this fee(s) is non-refundable even in the event of application withdrawal.

By signing this form, the owner of the property authorizes the City of Hutto to begin proceedings in accordance with the process of this application. The owner further acknowledges that submittal of an application does not in anyway obligate the City to approve the application and that although City staff may make certain recommendations regarding this application, the City Council may not follow that recommendation and may make a final decision that does not conform to the staff's recommendation.

 Property Owner/Agent Signature

 Property Owner/Agent Printed Name

 Date

FOR DEPARTMENT USE ONLY

Application Received	Date Permit Issued	Received By	Approved By & Date Approved	Payment Type	Fees Paid	Permit #



Backflow Prevention Test & Maintenance Report

City of Hutto Development Services & Code Enforcement
 500 W. Live Oak Street
 Hutto, Texas 78634
 Phone: 512-759-5971
 Fax: 512-759-5962
 building@huttotx.gov
www.huttotx.gov/developmentservices

The following form must be completed for each assembly tested. A signed and dated **ORIGINAL** must be submitted to the City of Hutto for records purposes.* Illegible or incomplete reports will not be accepted.

RESIDENTIAL

COMMERCIAL

CUSTOMER INFORMATION			
PROPERTY OWNER / BUSINESS / AGENT			
MAILING ADDRESS		CITY	STATE ZIP
BACKFLOW ASSEMBLY INFORMATION			
OCCUPANT / BUSINESS NAME			
SERIAL #	MANUFACTURER	MODEL	SIZE
PHYSICAL ADDRESS		ASSEMBLY LOCATION ON PROPERTY	
PUBLIC WATER SYSTEM I.D #		PURPOSE OF ASSEMBLY	
TYPE OF ASSEMBLY			
<input type="checkbox"/> Reducer Pressure Assembly <input type="checkbox"/> Double Check Valve Pressure <input type="checkbox"/> Vacuum Breaker		<input type="checkbox"/> Reducer Pressure Principle-Detector Double <input type="checkbox"/> Check-Detector <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes? <input type="checkbox"/> YES <input type="checkbox"/> NO			

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

	REDUCER PRESSURE BACKFLOW PREVENTION ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE-CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	1 ST CHECK	2 ND CHECK			
INITIAL TEST	Held at _____ PSI Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSI Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSI PSI Did not oper <input type="checkbox"/>	Opened at _____ PSI PSI Did not oper <input type="checkbox"/>	Held at _____ PSI Leaked <input type="checkbox"/>
TEST AFTER REPAIRS	Held at _____ PSI Closed Tight <input type="checkbox"/>	Held at _____ PSI Closed Tight <input type="checkbox"/>	Opened at _____ PSI	Opened at _____ PSI	Held at _____ PSI
REPAIRS AND MATERIALS USED **					
TEST GAUGE USED	MAKE/MODEL	GAUGE SERIAL #:		CALIBRATION DATE:	
REMARKS					

I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST.

COMPANY NAME	COMPANY ADDRESS	CITY	ST	ZIP
BACKFLOW TECH NAME	CERTIFICATION #	PHONE	FAX	
BACKFLOW TECHNICIAN SIGNATURE			DATE	

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS.

**USE ONLY MANUFACTURES REPLACEMENT PARTS.