



# Fire Sprinkler Permit Application

Incomplete Permits will not be accepted.  
(PLEASE PRINT/TYPE)

City Received Date

**FEE: \$150**

Type of Construction: \_\_\_\_\_

Project Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**ALL TRADE CONTRACTORS MUST BE REGISTERED WITH THE CITY OF PARKER PRIOR TO PERMIT APPLICATION BEING SUBMITTED FOR REVIEW**

System Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Plans by: \_\_\_\_\_

## CITY OF PARKER HAS ADOPTED THE 2000 INTERNATIONAL FIRE CODE

NOTICE: AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT FOR A PERIOD OF 180 DAYS. AT LEAST ONE (1) CITY INSPECTION IS REQUIRED EVERY 180 DAYS. ALL PERMITS REQUIRE FINAL INSPECTION.

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

- SHOP DRAWINGS - (3 SETS)
- CALCULATIONS - (1 SET)
- APPROVED AS SUBMITTED
- RETURNED FOR CORRECTIONS DATE \_\_\_\_\_
- RE-SUBMITTED DATE \_\_\_\_\_

TOTAL DEMAND \_\_\_\_\_ PSI @ \_\_\_\_\_ GPM

TOTAL SQUARE FOOTAGE \_\_\_\_\_

TOTAL SQUARE FOOTAGE A/C \_\_\_\_\_

- NFPA 13       NFPA 13D       NFPA 13R
- TAP SIZE REQUIRED     1"     1 1/2"     2"     6"     8"

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Original signature required. Paperwork must be submitted at City Hall.**

For City Use Only:

Fee Paid \$ \_\_\_\_\_ Cash  Check  # \_\_\_\_\_ CC  Received by \_\_\_\_\_

City Registration Expiration Date: \_\_\_\_\_



# BACKFLOW REPORT

City Received Date Stamp
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The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping \*purposes:

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: City of Parker PWS I.D. #: 0430045

LOCATION OF SERVICE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

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.

- TYPE OF ASSEMBLY:**
- |   |  |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker    | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer:		Size:	
Model Number:		Located At:	
Serial Number:			

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?  Yes  No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
Initial Test	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"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Held at ____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Test gauge used:

Make/Model:		SN:		Date tested for accuracy:	
Remarks:					

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

Firm Name:		Certified Tester Name (Print/Type):	
Firm Address:		Certified Tester Name (Signature):	
Firm Phone #:		Cert. Tester No.:	
		Date of Test:	

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

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

For City Use Only:	City Registration Expiration Date: _____
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