

CITY OF HILSHIRE VILLAGE
8301 WESTVIEW DR., HOUSTON, TX 77055 * PHONE 713-973-1779 * FAX 713-973-7793
www.hilshirevillagetexas.com

APPLICATION FOR A PERMIT

1. ADDRESS/LOCATION OF WORK ADDRESS <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">LOT SIZE</td> <td colspan="2">SUBDIVISION</td> </tr> <tr> <td>LOT</td> <td>BLOCK</td> <td>ZONE</td> </tr> </table>		LOT SIZE	SUBDIVISION		LOT	BLOCK	ZONE	2. PERMIT NUMBER PERMIT # (to be completed by city office) <div style="text-align: right; font-size: 1.2em;">HV- _____</div>									
LOT SIZE	SUBDIVISION																
LOT	BLOCK	ZONE															
3. PROPERTY OWNER INFORMATION NAME <hr/> ADDRESS <hr/> CITY/STATE/ZIP <hr/> EMAIL <hr/> HOME PHONE # <hr/> CELL # <hr/>	4. CONTRACTOR INFORMATION COMPANY NAME <hr/> ADDRESS <hr/> CITY/STATE/ZIP <hr/> CONTACT NAME <hr/> EMAIL <hr/> OFFICE # CELL #																
5. TYPE OF PROJECT (MARK ONE) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:25%;">NEW CONSTRUCTION</td> <td style="width:25%;">ADDITION / REMODEL</td> <td style="width:25%;">DEMOLITION</td> <td style="width:25%;">GENERAL REPAIR / REPLACE</td> <td style="width:20%;">SWIMMING POOL</td> </tr> </table>		NEW CONSTRUCTION	ADDITION / REMODEL	DEMOLITION	GENERAL REPAIR / REPLACE	SWIMMING POOL											
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SPECIFIC DESCRIPTION OF PROJECT <hr/> <hr/>																	
7. ESTIMATED DATE WORK TO START <hr/>	8. WORK ALREADY DONE (EMERGENCY REPAIRS ONLY) <hr/>																
9. APPLICANT'S PRINTED NAME <hr/>	10. TOTAL PERMIT FEE (CITY WILL COMPLETE) <hr/>																
11. APPLICANT'S SIGNATURE <hr/>	12. DATE: <hr/>																

City of Hilshire Village

8301 WESTVIEW

HOUSTON, TEXAS 77055

Office: 713-973-1779 Fax: 713-973-7793

Reminders regarding regulations concerning use and maintenance of property and adjacent property during Construction, Alteration, Remodeling and Demolition of buildings and structures within the City

(Ordinance No. 408 and subsequent updates are summarized below)

1. Trash, Litter and Construction Debris: Unlawful to deposit trash, etc. upon building site or drainage ditches; a dumpster must be provided; and regularly maintained and emptied; if a dumpster resting on City right-of-way impedes traffic, pedestrians or obstructs drainage, it must be removed immediately.

2. Removal of Soil and Rocks from Streets. Sand, soil, rocks or similar material which has been deposited upon the street during construction or incidental for the construction or demolition must be removed from the street within 48 hours from the time it was deposited there.

3. Repair to Damaged City Property: Any person damaging a City street, storm sewer or drainage way (easement) shall be responsible for its repair or replacement.

4. Construction Activity Hours: Monday through Friday 7AM to 7PM
Saturday 9 AM to 6 PM

Sunday and Holidays observed by City – No work allowed except emergencies
NO DEMOLITION ON WEEKENDS

5. Portable Toilets: All persons responsible for a construction site with a portable toilet located in the City shall comply with federal and state sanitation laws and regulations concerning the use of portable toilets. Any portable toilet shall be kept behind or screened by a solid structure, out of public view, and shall not be visible from any street or sidewalk.

6. Street Parking: Parking is one side of street only. There are some streets where there is NO parking. Locations may be verified at City office.

7. Fines: Violation of any provision shall result in fines. Following written notice by the City Building Official, a stop work order may be issued if not remedied within 48 hours.

8. Signs: No contractor or sub-contractor signs are allowed unless it is that of the general contractor for the new construction or erection of a single-family dwelling.

9. Insurance: Liability Insurance Entity performing the work shall provide evidence of comprehensive general liability insurance; \$100,000 minimum bodily injury; \$300,000 per occurrence; \$400,000 property damage

10. Tree Protection at a minimum, placement of a fence four (4) feet in height and composed of material strong enough to prevent vehicles, materials, debris, dirt or other demolition or construction refuse from piling up within the Critical Root Zone. The fence shall be a minimum of six (6) feet away from the base of the tree at all points in order to prevent damage to the tree(s).

11. Backflow or Vacuum Breaker prevention device: When an inspector for the City of Hilshire Village is called to inspect your project for any reason, he/she will not pass any inspections unless all exterior hose bibs (faucets by which water is supplied to outdoor devices) have a backflow prevention device or vacuum breaker installed. The vacuum breaker's lock bolt must be tightened until it breaks off.

12. All Inspections listed on the permit must be performed according to the sequence of the construction. Contractors are responsible for all inspections. Inspections are to be called in by or before 4PM for the following business day.

Signature:

Date:

Company Name:

Permit Address:

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