City of Brentwood
Planning and Codes Department
5211 Maryland Way (37027)
P.O. Box 788
Brentwood, TN 37024-0788

Office (615) 371-2204
Fax (615) 371-2233
www.brentwood-tn.org/planning

Begin using this document ***January 1, 2013***

Commercial / Residential

♦ Backflow Prevention Device Permit Application ♦

1.) CHECK ALL THAT APPLY:

☐ **COMMERCIAL USE**

Landscape Irrigation ☐ Fire Suppression ☐ Building ☐

Other ☐ (if *Other*, provide detailed description) _____

☐ **RESIDENTIAL USE**

Landscape Irrigation ☐ Fire Suppression ☐

Other ☐ (if *Other*, provide detailed description) _____

2.) PERMIT APPLICATION DATE AND WATER PURVEYOR INFORMATION

Permit Application Date: _____

Water Purveyor: _____

Brentwood Water Account Number: _____

This information is *mandatory,* if installing inside the Brentwood Water System.
Call (615) 661-7061 to ascertain the account number.

3.) PROJECT INFORMATION

Property Street Address: _____

Subdivision Name: _____ Lot No.: _____

Is this property zoned Commercial or Residential ?: _____

4.) PROPERTY OWNER INFORMATION

Property Owner's Name(s): _____

Address (if different from Project): _____

City, State: _____ Zip Code: _____

Telephone Number: (____)_____

Property Owner's Mobile Telephone Number: (____)_____

Email Address: _____

5.) CONTRACTOR INFORMATION

Applicant's Name: _____

Applicant's Company Name: _____

Mailing Address: _____City/State/Zip: _____

Business Physical Address: _____ City/State/Zip: _____

TN Contractor's License Number No.: _____ Expiration Date: _____

Workman's Compensation Policy No.: _____ Expiration Date: _____

Brentwood Business Tax License No.: _____ Expiration Date: _____

Valuation of Project: $_____

Company Telephone Number: (____)_____ Extension No.: _____

Applicant's Mobile Telephone Number: (____)_____

Email Address: _____

(CONTINUED ON BACK)

6.) ESTIMATED PROJECTION COMPLETION DATE

Provide your estimated date of completion for this project. your initial test will become due in the Planning & Codes Department, forty (40) days, thereafter, or upon a requested final building inspection.

Estimated Date of Completion is: _____, 201 ___

7.) IMPORTANT NOTICES TO APPLICANT / CONTRACTOR

A.) The following act is prohibited: the installation, allowing the installation, or maintenance of any cross connection, auxiliary intake, or bypass, unless the source and quality of water from the auxiliary supply, the method of connection, and the use and operation of such cross connection, auxiliary intake, or bypass has been approved by the Tennessee Department of Environment & Conservation. **T.C.A. 68-221-711**

B.) Application and Permit become void if work is not commenced or is idle for more than 180 days.

8.) SELECT AND SIGN ONE OF THE FOLLOWING OPTIONS:

8A.) ***I PLAN TO PERFORM ALL ASSOCIATED ELECTRICAL WORK MYSELF AND CONSEQUENTLY, I SWEAR, AFFIRM AND CERTIFY THAT I HAVE APPLIED FOR AND OBTAINED ALL NECESSARY ELECTRICAL PERMIT(S) REQUIRED TO COMPLETE THIS JOB FROM THE STATE OF TENNESSEE. MY LOW VOLTAGE PERMIT NUMBER IS: _____.***

****** _____;

SIGN HERE IF YOU HAVE OBTAINED ALL ELECTRICAL PERMITS YOURSELF;

OR

8B.) ***NEITHER I NOR MY EMPLOYER PLAN TO PERFORM ANY ASSOCIATED ELECTRICAL WORK AND CONSEQUENTLY, I HAVE PROVIDED THE ELECTRICAL CONTRACTOR PERFORMING SAID WORK AND HIS/HER CONTACT INFORMATION BELOW:***

****** _____ (_____)_____

Electrical Contractor's Name **Telephone Number**

9.) ACKNOWLEDGE AND CERTIFY

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY ADOPTED CODES OR ANY OTHER STATE OR LOCAL LAW REGULATING BUILDING, CONSTRUCTION OR HOME IMPROVEMENTS, OR THE PERFORMANCE THEREOF.

- **APPLICANT'S SIGNATURE** _____
- **APPLICANT'S NAME (PRINT CLEARLY)** _____
- **DATE** _____

OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____