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

Office (615) 371-2204

(615) 371-2233 Fax



Begin using this document January 1, 2013

Commercial / Residential

◆ Backflow Prevention Device Permit Application ◆

) CHECK ALL THAT APPLY:		
☐ COMMERCIAL USE		
Landscape Irrigation □	Fire Suppression □	Building
Other \square (if <i>Other</i> , provide def	tailed description)	
☐ RESIDENTIAL USE		
Landscape Irrigation □	Fire Suppression □	
Other \square (if <i>Other</i> , provide de	tailed description)	
PERMIT APPLICATION DATE AND WATER	PURVEYOR INFORMATION	
Permit Application Date:		
Water Purveyor:		
Brentwood Water Account Number:		
•	f installing inside the Brentwood \	Water System.
Call (615) 661-7061 to ascertain t	the account number.	
PROJECT INFORMATION		
Property Street Address:		
Subdivision Name:		
Is this property zoned Commercial or Res	sidential ?:	
PROPERTY OWNER INFORMATION		
Property Owner's Name(s):		
Address (if different from Project):		
City, State:		
Telephone Number: ()		
Property Owner's Mobile Telephone Num		
Email Address: CONTRACTOR INFORMATION		
Applicant's Name:		
Applicant's Company Name:		
Mailing Address:		
Business Physical Address:		
TN Contractor's License Number No.:		
Workman's Compensation Policy No.:		_ Expiration Date:
Brentwood Business Tax License No.:		Expiration Date:
Valuation of Project: \$		
Company Telephone Number: ()	Exter	nsion No.:
Applicant's Mobile Telephone Number: (_)	
Email Address:		

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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.)	B.) 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		
	OFFICE USE ONLY REVIEWED BY: DATE:		