



401 S. Alamo St., Marshall, TX
PO Box 698, Marshall, TX 75671
P: (903) 935-4455
Fax: (903) 935-4409

Irrigation Permit Application

Permit #:	Date:	
Plans Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Irrigator:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg
Backflow:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg
	<input type="checkbox"/> Lic exp	<input type="checkbox"/> Lic exp

THIS APPLICATION IS FOR COMMERCIAL OR RESIDENTIAL LAWN SPRINKLERS.

Commercial Residential New Installation Addition Repair

Job Address: _____

Description of work: _____ Valuation of Work: _____

Sprinkler Information:

Water Meter: New Existing Size _____
Type of Assembly: Reduced pressure Pressure vacuum breaker Double check Atmospheric vacuum breaker

Contact person: Applicant Property Owner Irrigator

Name of applicant _____ Phone _____

Email _____

Property Owner

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Irrigator

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Fax _____ E-mail _____

Backflow Tester

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

I hereby certify that I have the authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.

Applicant / Agent Name (PRINT) _____

Applicant / Agent Signature _____ Date _____



BRAND NEW BACKFLOW DEVICE REGISTRATION FORM

To: Backflow Technicians, Builders, Construction Firms, Irrigators

This letter is to inform you of the new procedures for the recording and confirming of NEW residential/commercial backflow device inspections in the City of Marshall, Texas prior to Certificate of Occupancy or permit completion. The City has partnered with SC Tracking Solutions LLC, a web based software tool, used to track, catalog and confirm technicians and their inspections. The website is www.sctrackingsolutions.com. All technicians/testers must register on the website.

As of December 15th, 2016 it will be necessary for technicians/testers to submit a current calibration report, certifications, state license and professional documentation, individual and company. You will have an opportunity to upload documents during registration or send them to us via fax or email. The fee for each backflow assembly tested is \$15.95 plus tax. This fee is paid upon entering the test results in the online tool. The annual registration fee to test backflows in the city of Marshall is currently \$0. Follow the steps below to complete residential/commercial backflow device inspections in a timely manner.

COMPLETE THIS FORM FOR EACH NEW DEVICE. DO NOT TURN TEST FORMS INTO THE CITY.

- **PRIOR TO TESTING THE NEW DEVICE** fax or email this completed document for each device to (972) 217-8387 or cs@sctrackingsolutions.com. SC Tracking will upload the information for you.
- Technicians/testers go to www.sctrackingsolutions.com. Click technician/tester registration and complete the entire process. This process should not take more than a few minutes if documentation is in order and will only need to be completed one time with only periodic updates as licenses or certifications expire.
- Please allow 24 hours for SC Tracking to validate your documentation with state and local databases.
- Once validation is complete you will receive a temporary password via email.
- SC Tracking will then email you Catalog # for this address.
- You will then return to the website, log in using your email address and temporary password, type in the Catalog #, complete the test or tests that apply to you and check out. This will complete your obligation to this inspection and be copied to the city. Maintain your test records per state law.
- A copy of the report then will be emailed to your registered email and the proper Town representative upon completion of the test and checkout.

Address of New Assembly: _____ City: _____ Zip: _____

Building Owner Email: _____

Make: _____ Model: _____ Size: _____ Serial Number: _____

Type: _____ (RPZ, DC, DCDA, PVB, SVB, RPZ II, DCDA II)

Serves: _____ IRRIGATION, DOMESTIC, FIRE, WATER HEATER, etc

Location: _____

Technician/Tester Name: _____

Technician/Tester Email: _____

Please Circle the Address Classification: Residential Commercial

**Please email or fax this documents directly to SC Tracking Solutions.

In a few minutes we will input the device information above and send you a Catalog number for report entry.