



CITY OF SUGAR LAND
Department of Building Safety

IRRIGATION PERMIT APPLICATION

\*\* PLEASE NOTE \*\*

Irrigation Plans will need to be provided on site at time of inspection for review by the inspector

APPLICATION #

PROJECT ADDRESS:

RESIDENTIAL

COMMERCIAL TENANT NAME:

IRRIGATION COMPANY NAME: PHONE:( )

FAX:( ) CELL:( ) EMAIL:

ADDRESS CITY/STATE ZIP

LICENSED IRRIGATOR'S NAME: LICENSE #:

BACKFLOW TESTER LICENSE#:

HEALTH HAZARD TYPE

Extraterritorial Jurisdiction Public Potable Water Supply Private Well System Septic/Aerobic System on Property

New Installation Alteration Repair Size of Water Meter:

RESIDENTIAL FEE: \$92.00

COMMERCIAL (Base Fee) \$55.25

PAY BY ESCROW ACCOUNT

Number of Zones x \$36.75 = \$ (per zone)

COMMERCIAL TOTAL FEE DUE \$

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type work will be compiled with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

APPLICANT SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

APPLICANT EMAIL



## CITY OF SUGAR LAND

(revised 04/08/2020)

### ★ Irrigation Plans will need to be provided on site at time of inspection ★ for review by the inspector

The Irrigation Plans shall not be drawn on a copy of a copyrighted material, which includes Plot Plans and Site Surveys.

*As per the new TRCC rules and regulations for landscape irrigation that went into effect on 01/01/09, all of the following requirements must be shown on plans submitted for irrigation systems.*

Irrigation Plans must include:

- Irrigator's seal, signature and date of signing
- Major physical features and boundaries of the area to be irrigated
- A north arrow
- A legend
- Zone flow measurement for each zone
- Location and type of controllers and sensors
- Location, type, and size of water sources, backflow prevention device, water emission device, valves, pressure regulation component, and main line and lateral piping
- Scale used
- Design pressure
- Isolation valve location

For further information or questions, please contact the Department of Building Safety at 281-275-2270; Located at 2700 Town Center Blvd. North; Sugar Land TX 77479



For City of Sugar Land Use Only

Cross Connection Information:

Health Hazard   
Non-Health Hazard   
Initials:

**CITY OF SUGAR LAND  
BACKFLOW PREVENTION ASSEMBLY  
CERTIFIED TEST REPORT**

NAME OF PROPERTY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OWNER OR CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

*IF THE BACKFLOW PREVENTER PROTECTS A CROSS CONNECTION WHICH IS A HEALTH HAZARD AS DEFINED IN TEXAS ADMINISTRATIVE CODE (TAC) 290.47(i) AND THE BACKFLOW PREVENTER FAILS, THE TESTER IS REQUIRED TO NOTIFY THE CITY IMMEDIATELY AT 281-275-2450.*

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TAC CHAPTER 290 RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS AND THE CITY'S ADOPTED PLUMBING CODE, AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

**TYPE OF ASSEMBLY**

- REDUCED PRESSURE PRINCIPLE (RP)  PRESSURE VACUUM BREAKER (PVB)  
 DOUBLE CHECK VALVE (DCV)  SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER: \_\_\_\_\_ MODEL#: \_\_\_\_\_ SIZE: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

IS THIS A NEW INSTALLATION: Yes  No  LOCATION: \_\_\_\_\_

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY			AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
<b>INITIAL TEST</b>  Passed <input type="checkbox"/> Failed <input type="checkbox"/>	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"/>
<b>REPAIRS** AND MATERIALS USED</b>					
<b>FINAL TEST</b>	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	OPENED AT _____ PSID	HELD AT _____ PSID

TEST GAUGE USED: \_\_\_\_\_ **(TESTED Annually)**

REMARKS: \_\_\_\_\_

THE ABOVE IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING:

CT's FIRM NAME: \_\_\_\_\_ CERTIFIED TESTER NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_ CERTIFIED TESTER SIGNATURE: \_\_\_\_\_ (PLEASE PRINT)

TEST DATE: \_\_\_\_\_

FIRM PHONE #: \_\_\_\_\_ CCC WITNESS: \_\_\_\_\_

**TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION.**

Email: \_\_\_\_\_



FOR OFFICE USE ONLY  
PAYMENT CODE:  
REG

**CITY OF SUGAR LAND**  
Department of Building Safety

**CONTRACTOR REGISTRATION**

- GENERAL   
  PLUMBING   
  MECHANICAL   
  ELECTRICAL  
 FIRE   
  IRRIGATION   
  SIGN

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

STATE LICENSE HOLDER'S NAME: \_\_\_\_\_  
(IF REQUIRED)

STATE LICENSE NO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_  
(STATE LICENSE HOLDER OR COMPANY OFFICIAL)

REGISTRATION FEE: \$33.50 (Electrical, Plumbing & Fire Contractors are exempt)

**\*\* REGISTRATION WILL EXPIRE ONE YEAR AFTER DATE OF ISSUANCE \*\***

**NOTE:**

1. Please complete a new form if there are any changes to the above information.
2. Revocation or Suspension of Registration
  - Repeated violations of any laws or regulations relating to any construction work (including City Ordinances, City Building Codes or any technical codes)
  - Intentional falsification of registration or permit information
3. Insurance Requirements
  - Submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000.00 for any one accident for property damage and \$300,000.00 for any one person for injuries or death; and \$5,000.00 for medical expenses for any one person.

I hereby certify that I have read and examined this document and know the same to be true and correct.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
POSITION WITH COMPANY



# Insurance Requirements

**Sugar Land Development Code  
Chapter 7  
Article II. Buildings**

**Section 7-16. Code Amendments**

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

**Proof of insurance can be faxed to  
Department of Building Safety (281) 275-2271**

**PROPERTY OWNER'S AFFIDAVIT**

**(Exemption from Contractor Registration Requirements)**

**State of Texas** §

**County of Fort Bend** §

I, \_\_\_\_\_, certify that I am the current owner and occupant of the property located at \_\_\_\_\_ Sugar Land, Texas \_\_\_\_\_, which is my homestead. I understand that this permit only allows me to perform work at the address listed above. I certify that the work is not done for the purpose of reselling or leasing the property. I understand that plans for work on my homestead may be required to ensure compliance with all applicable laws and the City of Sugar Land ("City") Code of Ordinances ("Code").

I will be treated the same as a registered general contractor. I understand that work under this permit will be inspected by the City. I agree to employ an appropriate licensed contractor registered with the City to correct any work determined by the City's Building Official or Inspector to be substandard or in violation of the Code. If I employ subcontractor(s) for any or all part of the work, the subcontractor(s) must obtain all required permits. I understand that I am liable and responsible for any employee(s) and/or subcontractor(s) that I hire.

By signing this Affidavit, I agree to abide by the conditions specified in this Affidavit. I am aware of my responsibilities and liabilities for the work on the property. I agree to notify the City immediately of any changes to the information on this Affidavit or in the permit application package. I understand that failure to comply with this Affidavit or the violation of any Code could result in the issuance of citations in municipal court, suspension of the permit and/or other legal remedies. Any false information provided in this Affidavit is punishable as a Class A misdemeanor with a fine up to \$4,000 and/or one (1) year in jail.

**Permit Type:** Building: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Mechanical: \_\_\_\_\_

\_\_\_\_\_  
Name of Property Owner (Print)

\_\_\_\_\_  
Signature

**Sworn to and subscribed** before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public of the State of Texas

\_\_\_\_\_  
Name of Notary Public (Print)

\_\_\_\_\_  
Expiration Date

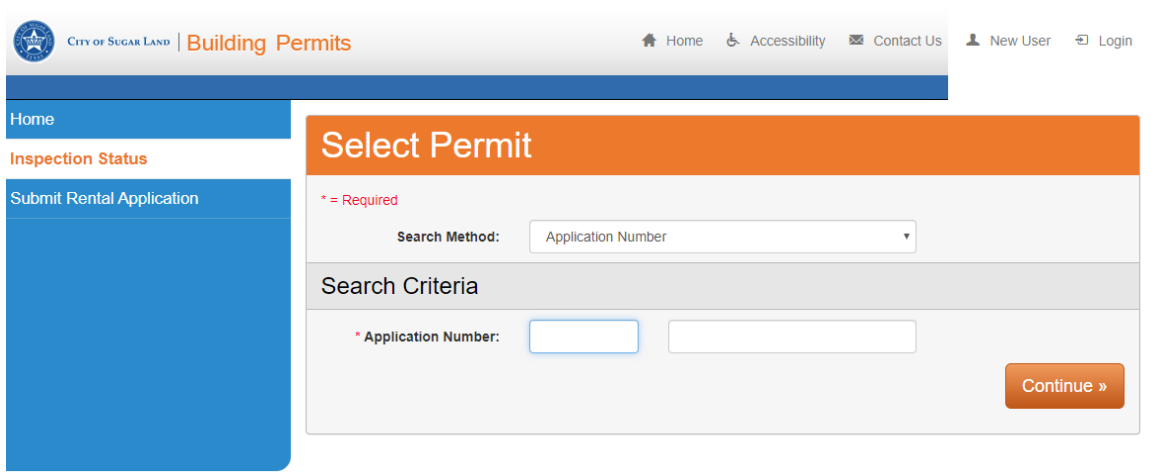
*Note: This Affidavit must be submitted by the property owner in-person to the City Building Official, or designee, in the Department of Building Safety with proof of identification and homestead exemption. Proof of homestead exemption may be given by, among other instruments, a printout from the Fort Bend County Appraisal District's website stating the property owner's name, property address, and homestead exemption.*

**TO SCHEDULE AN INSPECTION ONLINE** [www.sugarlandtx.gov](http://www.sugarlandtx.gov)

YOU WILL NEED YOUR APPLICATION NUMBER TO PROCEED

**BUSINESS** —→ **INSPECTION SCHEDULING**

Select **Online Building Permits system** and then Select **INSPECTION STATUS**



The screenshot shows the 'City of Sugar Land | Building Permits' website. The navigation bar includes 'Home', 'Accessibility', 'Contact Us', 'New User', and 'Login'. A sidebar on the left contains 'Home', 'Inspection Status', and 'Submit Rental Application'. The main content area is titled 'Select Permit' and features a search form. The form includes a 'Search Method' dropdown menu set to 'Application Number'. Below this is a 'Search Criteria' section with a label '\* Application Number:' followed by two empty input fields. A 'Continue »' button is located at the bottom right of the form.

Enter **APPLICATION NUMBER**

Select **SCHEDULE / CANCEL INSPECTIONS** in **blue** to the right of the permit type

Select **INSPECTION DESCRIPTION** (Ex: [BLDG, FINAL](#) )

Select **INSPECTION DATE** from available dates listed. Please print confirmation page & retain for your records.

**TO CHECK INSPECTION RESULTS ONLINE** [www.sugarlandtx.gov](http://www.sugarlandtx.gov)

YOU WILL NEED YOUR APPLICATION NUMBER TO PROCEED

**BUSINESS** —→ **INSPECTION SCHEDULING**

Select **Online Building Permits system** and then Select **INSPECTION STATUS**

The screenshot shows the 'Select Permit' page on the City of Sugar Land Building Permits website. The page has a blue sidebar on the left with links for 'Home', 'Inspection Status', and 'Submit Rental Application'. The main content area has an orange header 'Select Permit' and a search form. The search form includes a 'Search Method' dropdown menu set to 'Application Number', a 'Search Criteria' section with two input fields for 'Application Number', and a 'Continue »' button. The top navigation bar includes links for Home, Accessibility, Contact Us, New User, and Login.

Enter **APPLICATION NUMBER**

Select **INSPECTION STATUS** from **blue** column on the left (under **PERMIT STATUS**)

Select **PERMIT TYPE** (Ex: [000/000/ELEC.00](#)) that you are checking results on

You will then be able to view Inspection Type, Scheduled Date, Status & Date Resulted

For more information (Ex: Inspector & any notes):

Select **INSPECTION TYPE** (Ex: [ELEC, COMPLETE COVER](#)) for any notes

**For more information you may call the Inspection Request Line at 281-275-2320.**





**CITY OF SUGAR LAND**  
Department of Building Safety

**CREDIT CARD AUTHORIZATION FORM**

FAX: (281) 275-2271

I authorize the City of Sugar Land to use my credit card to process the following payment:

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

**Amount:** \_\_\_\_\_

Jobsite address: \_\_\_\_\_

Application No: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Last 4 digits of Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Card Code: \_\_\_\_\_

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

Credit Card:     Visa         Master Card         American Express

**\*\* Please enter Credit Card Number below \*\***

\*\*\*\*\* Cut Here\*\*\*\*\*

Card Number: \_\_\_\_\_