



## New Irrigation

1. Permit Application Completed
2. Memorial Village Water Authority Approval for Irrigation
3. 2 Copies of the Site Plan or Survey (showing the sprinkler pipe location)
4. Specify the Quantity of Sprinkler Heads
5. Show the Location of the Meter and Connection Information to the Main House
6. Specify on the Site Plan if Trenching, Using Specific Machinery or Hand Digging
7. Specify the Plumbing Code to be Used (IPC 2009)
8. City of Piney Point Work Hours Form
9. Person responsible for Job Site Form

**Notes;** Irrigations plans are reviewed by both the plan examiner and the City Forester. Tree roots should not be cut more than one inch. The City would prefer hand digging. The layout of the irrigation pipe will be verified by the City Forester. A trench inspection is required. A PVBK report is required when scheduling the irrigation final. A copy of the PVBK report also needs to be faxed to the Memorial Village Water Authority. The City will inspect the supply distribution line, the riser from the PVBK and verify and check the tie in value for the portable water system to the vacuum breaker. It has to be 18 inches minimum from the ground. The pipe should be schedule 80 or metal at the riser only. Make sure you call 811 before you schedule digging.

Plan Examiners;  
Mike Peloquin & City Forester; Cary Moran

Form Updated,ara, 03.03.2014

2017

## The City of Piney Point Village

### Contractor Registration

7676 Woodway, Suite #300

Houston, TX. 77063

(713) 782-1757 Phone (713) 782-3178 Fax

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

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Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_  
(Street address)

City, State & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type: \_\_\_\_\_

For example, builder, demo, electrical, general contractor, irrigation, mechanical, plumbing, pool, remodeling, trees, generator, demo, or other

Issued State License: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
(Street address)

City, State & Zip Code: \_\_\_\_\_

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#### **Please Note:**

All contractors must provide a copy of the state license, driver's license and general liability in the amount of \$500,000.00 for the company & pay a \$60.00 contractor registration fee. Contractor registration will be valid until 12/31/2017.

**\*\*Plumbing and Fire Sprinkler contractors do not have to pay the application registration fee, however, all of the required paperwork must be provided.**

*Ms. Annette R. Arriaga*

Director of Planning, Development & Permits

[bldgofficial@pineypt.org](mailto:bldgofficial@pineypt.org)

The City of Piney Point Village  
7676 Woodway, Suite 300, Houston, TX. 77063  
Telephone: 713.782.1757 Fax: 713.782.3178

## PERMIT APPLICATION REQUEST

### PROPERTY OWNER INFORMATION

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

SITE ADDRESS: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBIL: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### CONTRACTOR INFORMATION

CONTRACTOR COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ STATE LICENSE# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBIL: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TOTAL COST OF IMPROVEMENTS:\$ \_\_\_\_\_

### TYPE OF PERMIT

|                |               |                       |
|----------------|---------------|-----------------------|
| NEW RESIDENCE: | SWIMMING POOL | ACCESSORY STRUCTURE:  |
| PLUMBING:      | FENCE:        | FIRE SPRINKLER:       |
| ELECTRICAL:    | CULVERTS:     | IRRIGATION SPRINKLER: |
| HVAC:          | DRAINAGE:     | DRIVEWAY/FLATWORK:    |
| ADDITION:      | REMODEL:      | ROOF:                 |
| GENERATOR:     | DECKING:      | OTHER:                |

### JOB DISCRIPTION/DETAIL SCOPE OF WORK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** No use of any building is permitted without a Certificate of Occupancy, including the storage of any items. Use of building prior to issuance of a Certificate of Occupancy will require the gas and electric to be terminated. Not to exclude other penalties. The City of Piney Point Village has the right to include the current resident/home owner in every aspect of the building permitting process.

THE UNDERSIGNED, IN ACCORDANCE WITH PROVISIONS OF THE BUILDING AND ZONING ORDINANCES OF THE CITY OF PINEY POINT VILLAGE, HEREBY APPLIES FOR THE PERMIT DESCRIBED HERIN. APPLICANT HERBY CERTIFIES THAT ALL PROVISIONS OF BUILDING LAWS AND ORDINANCES WILL BE COMPLIEDWITH AND THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

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

\_\_\_\_\_  
PRINT NAME OF APPLICANT

I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED ALL OF THE FORMS AND DOCUMENTS LOCATED IN THE BUILDERS HANDBOOK FOR CONSTRUCTION.

(not required)  
\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
PRINT NAME OF HOMEOWNER



## Builder Responsible for Construction Correspondence:

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

Permit Number: P# \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Title: \_\_\_\_\_  
Example: superintendent

Contact Phone Numbers: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home: \_\_\_\_\_

e-mail: \_\_\_\_\_

Estimated build out time: \_\_\_\_\_

If any of this information changes or you are no longer in charge of the property as indicated above please contact the city of the update and/or change. The City of Piney Point Village can contact the current owner of the property for example the property owner to discuss any construction activity while the building is still under a permit and all final inspections have not been finalized with the city.

*Annette R. Arriaga*

Building Official

Official Form Date 10.18.07



**Important Contractor Notification &**

**Acknowledgement!**

**No Work On Sundays!!**

**Sec. 10-1. Time limitations on building activities.**

(a) It shall be unlawful for any person to cause, permit or perform any construction, renovation, alteration, repair or demolition of any building or structure, or any excavation related thereto, within the city, except between the hours of 7:00 a.m. and 7:00 p.m. on Mondays through Fridays, and between the hours of 8:00 a.m. and 6:00 p.m. on Saturdays.

(b) The provisions of subsection (a) shall not apply to any construction, renovation, alteration, repair, demolition or related excavation for which a city permit is not required, or to any such work performed within an enclosed building or structure and for which the noise therefrom is inaudible from all adjacent properties.

(c) The city building official is hereby authorized and directed to issue stop work orders as are necessary to assure compliance with the provisions of this section.

(d) Any person who shall violate any provision of this section shall be deemed guilty of a misdemeanor and, upon conviction, shall be fined as prescribed in section 1-11.

(Ord. No. 777, §§ 2--5, 8-22-94)

Cross references: Environment, ch. 26.

**Sec. 10-5. Penalty.**

Any person who shall violate or cause to be violated any provision of this chapter or who shall fail to comply herewith, or with any of the requirements hereof, or who shall erect, construct, alter, repair, move or demolish any structure, or who shall have erected, constructed, altered, repaired, moved or demolished a building or structure in violation of a detailed statement or drawing submitted and approved hereunder shall be deemed guilty of a misdemeanor and, upon conviction, shall be fined as provided in section 1-11.

(Ord. No. 875, § 2, 11-26-01; Ord. No. 884, § 1, 6-24-02)

I have read all of the contractor work hours for the City of Piney Point Village & acknowledge the required work hours and violations. I am aware that no work shall be performed on Sundays for projects that are currently under construction.

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

Signature of applicant: \_\_\_\_\_

Print name of applicant: \_\_\_\_\_

Project address: \_\_\_\_\_

Project type: \_\_\_\_\_

# MEMORIAL VILLAGES WATER AUTHORITY

8955 GAYLORD • HOUSTON, TEXAS 77024 • (713) 465-8318 FAX(713) 465-8387

## APPLICATION FOR WATER AND/OR SEWER SERVICE AVAILABILITY

**INSTRUCTIONS:** This application is for the availability of (1) water and/or sewer service for a new residence, business or other commercial type property (2) water service for an irrigation system (3) meter enlargement for an existing meter (4) remodel/pool or (5) commercial fire service line. **Businesses, Schools and Churches** must submit specific information on the quantity of water and/or sewer capacity requested. The applicant must obtain an approval from Memorial Villages Water Authority (MVWA) granting water and/or sewer capacity before a Building Permit will be issued by any of the cities served by MVWA (Hedwig Village, Hunters Creek Village and Piney Point Village). MVWA is not required to provide water or sewer capacity greater than those available at the time of the application. Complete the application and submit in person or by mail at the address listed above, by fax at (713-465-8387) or by e-mail at (www.mvwa.org).

(TYPE OR PRINT) Incomplete or illegible applications may be delayed in processing.

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

PROPERTY DESCRIPTION:

APPLICANT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOUSTON, TEXAS 77024

RETURN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER(S) Hm: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Ofc: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

**THIS APPLICATION IS FOR:** (check all that apply)

- Water Service for:  Residence  Business  School  Church  Irrigation System
- Fire Sprinkler  Meter Enlargement  Remodel or Pool
- Sewer Service for:  Residence  Business  School  Church  Remodel or Pool

**WATER METER(S) SIZE REQUESTED:** If known at this time. Otherwise, complete Water Meter Application Form.

DOMESTIC

IRRIGATION

COMMERCIAL FIRE SERVICE

- 3/4-inch  1-inch  3/4-inch  1-inch  2-inch  3-inch  4-inch  6-inch

Applicants requesting residential water meters (domestic or irrigation) larger than 1-inch must show written proof that the demand requirements prohibit the use of the smaller meter.

**NOTE:** This application goes through a review and approval process based on the information submitted by the applicant. If approved, you will be contacted by our office and will receive an executed "APPROVAL FORM" that you will need to take to the City having jurisdiction to obtain the necessary permits. Both the City and the Water Authority require inspections of all work performed before continuous service is provided. For inspections by the Water Authority, call 713-465-8318.

# MEMORIAL VILLAGES WATER AUTHORITY

8955 GAYLORD DRIVE

HOUSTON, TEXAS 77024

Ofc: (713) 465-8318

Fax: (713) 465-8387

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Effective January 1, 1996, the Texas Commission on Environmental Quality (TCEQ) requires all backflow prevention assemblies to be tested upon installation and at least annually thereafter by a Certified Backflow Prevention Device Tester. This form shall be completed by a Certified Tester and returned to the Water Authority before continuous water service can be provided.

Name of Public Water System : Memorial Villages Water Authority

Public Water System I.D. No. : 1010148

Service Address of Backflow Device: \_\_\_\_\_

Customer Name : \_\_\_\_\_

### TYPE OF ASSEMBLY

- Reduced Pressure Principle  
 Double Check Valve

- Pressure Vacuum Breaker  
 Atmosphere Vacuum Breaker

Manufacturer \_\_\_\_\_

Size \_\_\_\_\_

Model Number \_\_\_\_\_

Located at \_\_\_\_\_

Serial Number \_\_\_\_\_

Located at \_\_\_\_\_

|                                  | REDUCED PRESSURE PRINCIPAL ASSEMBLY                                                                                       |                                                                          | PRESSURE VACUUM BREAKER  |                                                                      |                                                   |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------|---------------------------------------------------|
|                                  | Double Check Valve Assembly                                                                                               |                                                                          | Relief Valve             | Air Inlet                                                            | Check Valve                                       |
|                                  | 1 <sup>st</sup> Check                                                                                                     | 2 <sup>nd</sup> Check                                                    |                          |                                                                      |                                                   |
| Initial Test                     | DC-Closed <input type="checkbox"/><br>Tight <input type="checkbox"/><br>RP- _____ psid<br>Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at:<br>_____ psid | Opened at:<br>_____ psid<br>Did Not<br>Open <input type="checkbox"/> | _____ psid<br><br>Leaked <input type="checkbox"/> |
| Repairs and<br>Materials<br>Used |                                                                                                                           |                                                                          |                          |                                                                      |                                                   |
| Test After<br>Repair Made        | DC-Closed <input type="checkbox"/><br>Tight <input type="checkbox"/><br>RP- _____ psid                                    | Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at:<br>_____ psid | Opened at:<br>_____ psid                                             | _____ psid                                        |

**THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.**

Firm Name: \_\_\_\_\_ Testers Name (Print): \_\_\_\_\_

Firm Address: \_\_\_\_\_ Testers Signature: \_\_\_\_\_

Certificate No.: \_\_\_\_\_

Firm Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_