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PFLUGERVILLE
T E X A S

UNIFIED DEVELOPMENT CODE SUPPLEMENTAL SCHEDULE

APPENDIX B: BUILDING DEPARTMENT DEVELOPMENT APPLICATIONS

DEVELOPMENT SERVICES CENTER

PLANNING – ENGINEERING – BUILDING

UPDATED: MAY 28, 2015



CITY OF PFLUGERVILLE
201-B EAST PECAN STREET
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING DEPARTMENT
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660

AUTHORIZATION TO OBTAIN PERMITS UNDER OTHER LICENSE NUMBER

IRRIGATOR _____ ELECTRICAL _____ PLUMBING _____ MECHANICAL _____

DATE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

I, _____, LICENSE NUMBER: _____ EXP DATE: _____

DO HEREBY AUTHORIZE THE FOLLOWING PEOPLE TO OBTAIN PERMITS UNDER MY NAME AND LICENSE NUMBER. I TAKE FULL RESPONSIBILITY FOR THE WORK AND WORKMANSHIP PERFORMED UNDER MY LICENSE NUMBER. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE CITY OF PFLUGERVILLE, IN WRITING, IF THIS LIST IS AT ANY TIME NOT CURRENT. **I UNDERSTAND THAT THIS LIST MUST BE UPDATED JANUARY 1 OF EVERY YEAR.**

LIST OF AUTHORIZED PERSONS:

_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURE: _____ PRINTED NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR NEW RESIDENTIAL BUILDING PERMIT

PERMIT NO. _____

BUILDERS'S NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____

LOCATION:

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____

STREET ADDRESS: _____

ONE STORY _____ TWO STORY _____ SQUARE FOOTAGE: LIVING: _____ GARAGE: _____ OTHER: _____ TOTAL: _____

SUBCONTRACTORS

MECHANICAL

Master Mechanical Name: _____

License No: TACL- _____ Exp. Date: _____
Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

ELECTRICAL

Master Electrical Name: _____

State Contractor License No: _____ Exp. Date: _____ Master License No.: _____ Exp. Date: _____
Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

PLUMBING

Master Plumber Name: _____

License No: M- _____ Exp. Date: _____
Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

ESTIMATED COST OF CONSTRUCTION: _____

SIGNATURE: _____ PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
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201-B EAST PECAN ST.
PHONE: (512) 990-6300
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BUILDING INSPECTIONS
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PFLUGERVILLE, TEXAS 78660
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APPLICATION FOR RESIDENTIAL ADDITION / REMODEL PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:
HOMEOWNER'S NAME:		PHONE:

LOCATION:

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____

STREET ADDRESS: _____ ZONED _____

TYPE OF PERMIT: REMODEL _____ ADDITION _____

EXISTING SQUARE FOOTAGE: _____

NEW SQUARE FOOTAGE: _____ TOTAL SQUARE FOOTAGE: _____

SUBCONTRACTORS:

COMPANY NAME	PHONE NUMBER	LICENSEHOLDER NAME	LICENSE NO.
<u>MECHANICAL</u>			
<u>ELECTRICAL</u>			
<u>PLUMBING</u>			

ESTIMATED COST OF CONSTRUCTION: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

Check #: _____

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
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BUILDING INSPECTIONS
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APPLICATION FOR CHISHOLM POINT/BOULDER RIDGE PERMIT

PERMIT NO. _____

ELECTRICAL

MASTER ELECTRICAL NAME: _____		EMAIL ADDRESS: _____	
STATE LICENSE NO. _____		EXP. DATE _____	
STATE CONTRACTOR LICENSE NO. _____		EXP. DATE _____	
COMPANY NAME: _____			
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP _____
PHONE: _____		FAX: _____	

PLUMBING

MASTER PLUMBER NAME: _____		EMAIL ADDRESS: _____	
LICENSE NO. M- _____		EXP. DATE _____	
COMPANY NAME: _____			
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP _____
PHONE: _____		FAX: _____	

LOCATION

CHISHOLM POINT: 900 BROKEN FEATHER TRAIL – LOT # _____

BOULDER RIDGE: 3300 KILLINGSWORTH LANE – LOT # _____

TYPE OF PERMIT:

NEW HOME CONNECTION _____ EXISTING HOME RECONNECTION _____

GAS CONNECTION? _____ REPAIR _____ UTILITY REPLACEMENT _____

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

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BUILDING INSPECTIONS
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APPLICATION FOR NEW COMMERCIAL BUILDING PERMIT

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR COMPANY:		CONT. NAME:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

LOCATION:

LOT: _____ BLOCK: _____ SECTION: _____ PHASE: _____ ZONED: _____

STREET ADDRESS: _____

SUBDIVISION: _____

BUSINESS NAME PROPOSED: _____ TOTAL SQUARE FOOTAGE: _____
BUSINESS TYPE PROPOSED: _____ EST. COST OF CONST.: _____
METER SIZES: DOMESTIC - _____ IRRIGATION - _____

BILLING ADDRESS FOR WATER USAGE WHILE UNDER CONSTRUCTION:

Company: _____
Address: _____
City, State, Zip: _____
Phone: _____

SUBCONTRACTORS:

COMPANY NAME	PHONE NUMBER	LICENSEHOLDER NAME	LICENSE NO.
<u>MECHANICAL</u>			
<u>ELECTRICAL</u>			
<u>PLUMBING</u>			

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
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Revised 3/07/2014BLDG

CHECK #

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
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FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660

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**APPLICATION FOR
COMMERCIAL REMODEL / ADDITION / FINISH OUT BUILDING PERMIT**

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

LOCATION

LOT: _____ BLOCK: _____ SECTION: _____ PHASE: _____ ZONED: _____

STREET ADDRESS: _____

BUSINESS CENTER NAME: _____

TYPE OF PERMIT: REMODEL _____ ADDITION _____ FINISH OUT _____ EST. COST OF CONSTRUCTION: _____

EXISTING SQUARE FOOTAGE: _____ NEW SQUARE FOOTAGE: _____ TOTAL SQUARE FOOTAGE: _____

BUSINESS NAME PROPOSED: _____

BUSINESS TYPE PROPOSED: _____

SUBCONTRACTORS

COMPANY NAME	PHONE NUMBER	LICENSEHOLDER NAME	LICENSE NO.
<u>MECHANICAL</u>			
<u>ELECTRICAL</u>			
<u>PLUMBING</u>			

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____

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Revised 03/07/2014

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
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BUILDING INSPECTIONS
PO BOX 589 / 78691
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APPLICATION FOR CERTIFICATE OF OCCUPANCY PERMIT

PERMIT NO. _____

New Business:		Email Address:	
Business Address:			
Type of Business:		Square Footage:	
Applicants Name:		Email:	
Phone:	Cell:	Fax:	

Property Owner's Name:	
Property Owner's Address:	
Property Owner's Phone #:	Fax #:
Previous Occupant/Business:	

<p>Will there be any of these changes made? **</p> <p>____ Structural changes ____ Electrical changes</p> <p>____ Plumbing changes ____ Mechanical changes</p>	<p>**Dependent upon what changes will be made you may be required to submit plans and a Commercial Remodel application.</p>
--	--

The Fire Department must also perform an inspection before the Certificate of Occupancy can be issued. It is the responsibility of the permit holder to schedule this inspection. To schedule an inspection with the Fire Department, call 251-2801. There is no separate fee for this inspection.

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ FOR CITY USE ONLY	DATE: _____	DATED ISSUED: _____
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CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
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FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR ACCESSORY BUILDING PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION

OWNER OF PROPERTY: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

SLAB FOUNDATION? YES _____ NO _____

Permit fee without slab is \$48.00. Permit fee with slab is \$60.00

PLEASE CHECK IF ADDING: ELECTRICAL _____ MECHANICAL _____ PLUMBING _____

Utilities are an additional \$42.00 each (electrical, mechanical, plumbing)

TOTAL SQUARE FOOTAGE OF ACCESSORY BUILDING: _____

ESTIMATED COST OF CONSTRUCTION: _____

PLEASE NOTE: ONLY ONE ACCESSORY BUILDING PER LOT

SIGNATURE OF
APPLICANT: _____

PRINT
NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
FOR CITY USE ONLY

Check #: _____

CITY OF PFLUGERVILLE
201-B EAST PECAN STREET
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING DEPARTMENT
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR DETACHED GARAGE PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION

STREET ADDRESS: _____

SUBDIVISION: _____

OWNER OF PROPERTY: _____ PHONE # _____

PLEASE CHECK IF ADDING: ELECTRICAL _____ MECHANICAL _____ PLUMBING _____

*****There is an additional permit fee of \$42.00 each if adding Electrical, Mechanical, or plumbing to the Detached Garage.***

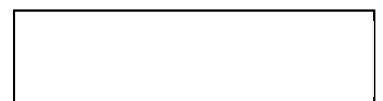
TOTAL SQUARE FOOTAGE OF DETACHED GARAGE: _____

ESTIMATED COST OF CONSTRUCTION: _____

SIGNATURE OF
APPLICANT: _____

PRINT
NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
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201-B EAST PECAN ST.
PHONE: (512) 990-6300
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BUILDING INSPECTIONS
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APPLICATION FOR MISCELLANEOUS BUILDING PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION

PROPERTY OWNER: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

DECK/PATIO _____ PATIO COVER _____ ***PATIO COVER WITH ELECTRICAL _____

****THERE IS AN ADDITIONAL PERMIT FEE OF \$42.00 IF ADDING ELECTRICAL
MASTER ELECTRICIAN TO PULL SEPARATE PERMIT*

SIDEWALK _____ DRIVEWAY _____

OTHER (Please Specify): _____

PURPOSE OF BUILDING PERMIT: _____

TOTAL SQUARE FOOTAGE OF NEW CONSTRUCTION: _____

ESTIMATED COST OF CONSTRUCTION: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
FOR CITY USE ONLY

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR DEMOLITION PERMIT

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		CONT. NAME:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

LOCATION

STREET ADDRESS: _____

PREVIOUS BUILDING USE _____

WHOLE STRUCTURE _____ STRUCTURAL WALLS _____ NON-STRUCTURAL WALLS _____

ELECTRICAL _____ MECHANICAL _____ PLUMBING _____

OTHER (please explain) _____

REASON FOR DEMOLITION: _____

TOTAL SQUARE FOOTAGE OF DEMOLITION: _____

SIGNATURE OF
APPLICANT: _____

PRINT
NAME: _____

RECEIVED BY: _____	DATE: _____	DATED ISSUED: _____
FOR CITY USE ONLY:		

CITY OF PFLUGERVILLE
201B EAST PECAN ST.
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BUILDING INSPECTIONS
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PUBLIC SWIMMING POOL/SPA PERMIT APPLICATION

NUMBER OF POOLS/SPAS: _____	PERMIT FEE DUE: \$ _____ (\$200.00 per pool/spa)
PERMIT STATUS: (check one) New Pool/Spa _____ Renewal _____ Change of Owner _____	

POOL NAME:				
POOL ADDRESS				
CITY:		STATE:		ZIP:
PHONE:	CELL:		FAX:	
EMAIL ADDRESS:				

POOL OWNER or CORPORATION NAME:				
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:	CELL:		FAX:	
EMAIL ADDRESS:				

<u>IF APPLICABLE</u> POOL MANAGEMENT COMPANY				
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:	CELL:		FAX:	
EMAIL ADDRESS:				

DATES & HOURS OF OPERATION: _____

AFTER HOURS CONTACT: _____ PHONE: _____

I attest that the information provided above is true and accurate. I agree to comply with the City of Pflugerville rules and regulations and understand that failure to do so may result in revocation or suspension of the permit.

- The permit is effective for one year from the date of issuance unless sooner revoked for a cause.
- The permit is non-transferable and the permit fees are non-transferable.

Signature of Applicant

Date

Submit application and fee to City of Pflugerville, Development Services Center, 201-B East Pecan St., Pflugerville, TX 78660

FOR CITY USE ONLY:

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR SWIMMING POOL PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:
HOMEOWNER'S NAME:		PHONE:

(If Gas Heated)
PLUMBING CONTRACTOR: _____
MASTER LICENSE NUMBER: _____
PHONE _____ FAX _____

ELECTRICAL CONTRACTOR: _____
STATE OF TEXAS
ELECTRICAL CONTRACTOR'S LICENSE NUMBER: _____
STATE OF TEXAS MASTER'S LICENSE NUMBER: _____
PHONE: _____ FAX: _____

LOCATION

STREET ADDRESS: _____

SUBDIVISION: _____

TOTAL SQUARE FOOTAGE: POOL _____ DECK _____

ESTIMATED COST OF CONSTRUCTION: _____

SIGNATURE OF
APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
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BUILDING INSPECTIONS
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PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR ELECTRICAL PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION:

PROPERTY OWNER: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

MASTER ELECTRICIAN NAME _____

STATE LICENSE NUMBER _____ EXP. DATE _____

STATE CONTRACTORS LICENSE NO. _____ EXP. DATE _____
(REQUIRED TO PULL PERMIT)

PURPOSE OF ELECTRICAL PERMIT: New Construction _____ Repair _____ Upgrade _____

Other: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

Check #: _____

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BUILDING INSPECTIONS
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PFLUGERVILLE, TEXAS 78660
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APPLICATION FOR PLUMBING PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION:

HOMEOWNER: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

NAME: _____	/	/
MASTER PLUMBER	LICENSE NUMBER	EXP. DATE

PURPOSE OF PLUMBING PERMIT:

Repair _____ Upgrade _____ Replacement _____

New Construction? (Check all that apply) Bldg. Plumbing _____ Site Utilities _____

Other: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____	DATE: _____	DATED ISSUED: _____
FOR CITY USE ONLY:		

- ❖ The inspection of piping installations is intended to be a visual observation of the system and the testing procedure. The designer may require that welded joints in, for example, very high pressure applications be examined by a method that is capable of discovering internal defects that are not detectable by visual observation.

406.1.2 Repairs and additions. In the event repairs or additions are made after the pressure test, the affected piping shall be tested.

Minor repairs and additions are not required to be pressure tested provided that the work is inspected and connections are tested with a noncorrosive leak-detecting fluid or other approved leak-detecting methods.

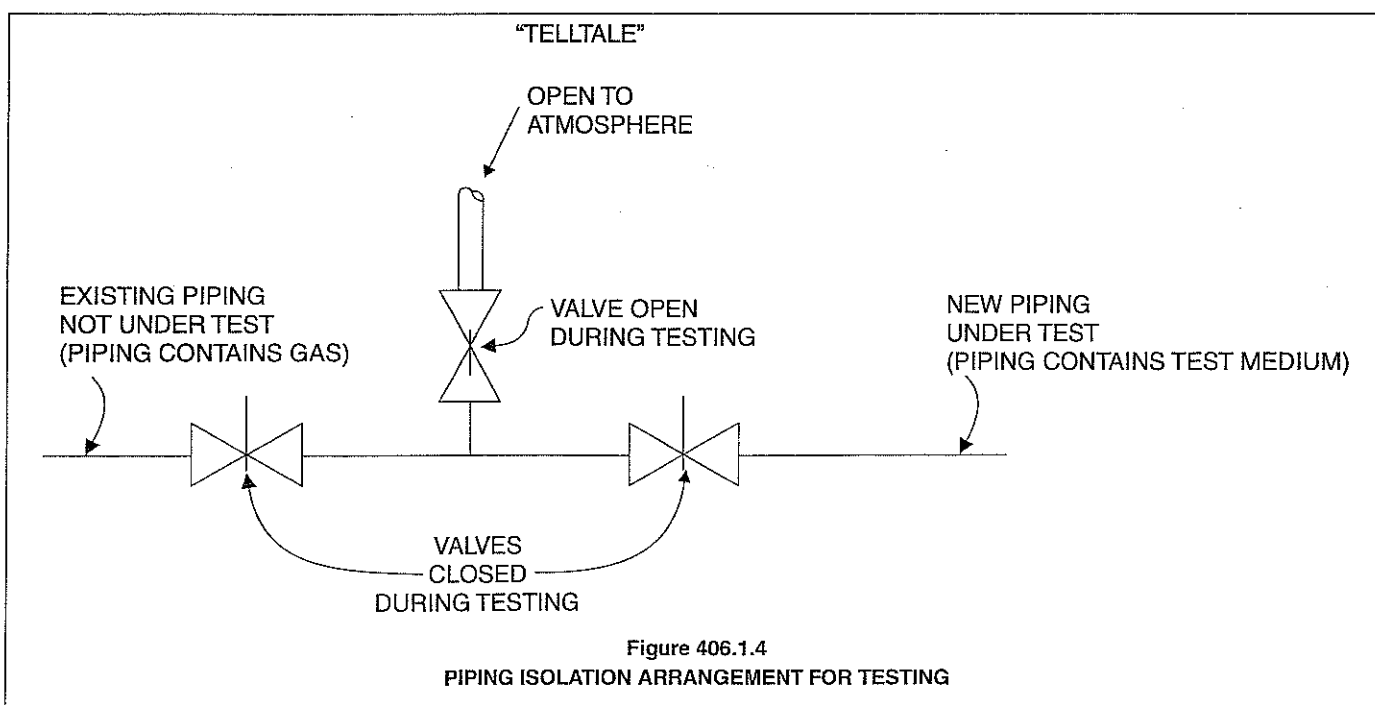
- ❖ Some time after the initial test of the piping, a repair could be made or a branch could be added or extended. The repaired, added or extended portion of the piping system needs to be tested without requiring the unchanged portions to be tested again. Minor work on an existing system is allowed without pressure testing the minor work if the work is visually inspected and tested by a leak-detecting method. Leak-detecting methods include bubble test fluids and electronic sensors. Some bubble test fluids could be corrosive to some piping; therefore, a noncorrosive fluid designed for this purpose should always be used. Methods other than bubble test fluids must be acceptable to the code official.

406.1.3 New branches. Where new branches are installed from the point of delivery to new appliances, only the newly installed branches shall be required to be pressure tested. Connections between the new piping and the existing piping shall be tested with a noncorrosive leak-detecting fluid or other approved leak-detecting methods.

- ❖ Often, because it is convenient or because the existing piping is fully loaded, a new piping branch will be run from the point of delivery to serve a new appliance installation. The new branch is typically taken from a tee fitting installed immediately downstream of the meter. The entire new branch piping must be tested, including the tee fitting in the existing piping from which the new branch is supplied. The point of connection to the existing piping can be tested by a means other than pressure testing, although all other piping in the new branch must be isolated from the existing piping and pressure tested as required for new work. Section 406.1.4 requires that the new branch piping be disconnected from the existing piping during pressure testing, except where an assembly consisting of two closed valves in series with an intermediate open valved port is installed to isolate the new piping from the existing piping (see commentary Figure 406.1.4).

406.1.4 Section testing. A piping system shall be permitted to be tested as a complete unit or in sections. Under no circumstances shall a valve in a line be used as a bulkhead between gas in one section of the piping system and test medium in an adjacent section, unless two valves are installed in series with a valved "telltale" located between these valves. A valve shall not be subjected to the test pressure unless it can be determined that the valve, including the valve-closing mechanism, is designed to safely withstand the test pressure.

- ❖ Depending on the progression of a job, it may be desirable to test portions of a system as they are completed. It is also possible that portions of a system will be put in service before the entire system is completed. To prevent a test medium from leaking into piping containing fuel gas or vice versa, portions of piping under test must be isolated from portions that are in service. A single





Dear Property Owner:

According to the City's ordinances, all pools constructed in Pflugerville must meet the following criteria, taken from the 2009 International One- and Two- Family Dwelling Code, Appendix G:

G105.9.1 – Where a wall of a dwelling serves as part of the barrier one of the following conditions shall be met:

*G105.9.1 – The pool shall be equipped with a powered safety cover in compliance with ASTM F1346: **or***

*G105.9.2 – All doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and its screen, if present, are opened. The alarm shall sound continuously for a minimum of 30 seconds immediately after the door is opened and be capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions. The alarm system shall be equipped with a manual means, such as a touchpad or switch, to temporarily deactivate the alarm for a single opening. Such deactivation shall last for not more than 15 seconds. The deactivation switch(es) shall be located at least 54 inches (1372 mm) above the threshold of the door; **or***

G105.9.3 – Other means of protection such as self-closing doors with self latching devices, which are approved by the governing body, shall be acceptable so long as the degree of protection afforded is not less than the protection afforded by Item 9.1 or 9.2 described above.

We, the undersigned, understand and will comply with these code regulations.

The homeowner and the pool contractor must sign this form in the spaces provided below. Upon receipt of this form by the Building Department, the permit will be issued.

HOMEOWNER

DATE

CONTRACTOR

DATE

HOMEOWNER'S ADDRESS



List of Inspections Required

- _____ Alarm
- _____ Bonding (Steel grid and light fixtures)
- _____ PVC (Scheduled before cover-up)
- _____ Bonding (Deck steel)
- _____ Gas (for heated pools)
- _____ Final

I, the undersigned, understand that these inspections will be scheduled in a timely manner and in the order indicated. If any of the above inspections are missed, I agree to pay a missed inspection fee of \$100.00 per missed inspection and will uncover any portion of the project that was not inspected.

Pool Contractor

Date



Swimming Pool Information Guidelines for Draining Your Pool or Spa

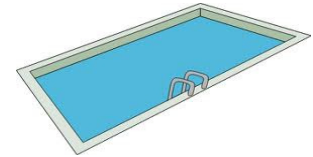
Pool chemicals can be deadly to our local waterways. You can help keep our creeks, streams and rivers clean by properly draining your swimming pool or spa.

Whenever possible, please drain your pool, spa, filter backwash, and pool wastewater into the sanitary sewer cleanout or down a drain leading to the sanitary sewer (this will not increase your utility bill.) Water flow into the sanitary sewer should not exceed 20 gallons per minute and should be pumped during low flow times of midnight – 5am, or noon – 5pm.

If it is not possible to drain the water into the sanitary sewer, you may drain the water onto grassy areas following these guidelines:

- Note: draining saltwater onto grass and landscape can damage plants and soil due to high salt content.
- De-chlorinate the water by allowing it to stand untreated for 7 to 10 days before you drain the pool/spa.
- Drain the water directly onto the grass in your yard. Be a good neighbor – allow the water to only drain onto your property so that it does not cause erosion or flooding in your neighbor's yard.
- Drain the pool water slowly to allow it to be absorbed into the ground and to prevent erosion and ponding. Standing water can lead to mosquito problems in as little as 48 to 72 hours and may be a code violation.
- Maintenance discharges from swimming pools, fountains and spas such as filter backwash, acid wash, and plaster wastes shall never be discharged to the public right-of-way or storm drain system.

It is a violation of the City of Pflugerville's Code of Ordinances to drain chlorinated water or filter backwash from your swimming pools or spas to the storm sewer system.



When disposing of filter rinse water and backwash:

- Filter backwash must be collected, contained, and discharged to the sanitary sewer.
- Cartridge filters should be rinsed in a sink, bathtub, or over a lawn or other vegetated area.
- Use a separation tank for diatomaceous earth (DE) and cellulose fiber filters to capture the DE or fibers.
- To conserve water, direct the clean water back into the pool.

DID YOU KNOW? . . .

- High levels of chlorine in pool water can kill wildlife, fish, crayfish and other aquatic animals.
- A saltwater swimming pool system uses pool salt to make chlorine. The chemicals and salt in saltwater pools can kill plants, wildlife, and aquatic animals such as fish and crayfish.
- Stormwater drainage systems (catch basins in the streets, ditches, etc.) drain rain water directly to creeks and streams.

KEEP OUR CREEKS, STREAMS AND RIVERS CLEAN! Remember...

- Drain pools and spas into the sanitary sewer whenever possible.
- Drain only de-chlorinated water onto grassy areas. Drain the water slowly.
- And **NEVER** drain pool and spa water directly into street drains or drainage ditches – they lead directly to our creeks, streams and rivers.
- Questions? Contact the City of Pflugerville Public Works Department at 512-251-9935.



CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR MECHANICAL PERMIT

PERMIT NO. _____

Access Code _____

APPLICANT NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE	CELL:	FAX:

CONSTRUCTION LOCATION:

OWNER OF PROPERTY: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

NAME:	TACLA- TACLB-	MM/DD/YY
MASTER MECHANICAL	LICENSE NUMBER	EXP. DATE

PURPOSE OF MECHANICAL PERMIT: New Construction _____ Repair _____ Upgrade _____

Other: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

Check #: _____

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR ELECTRICAL PERMIT

PERMIT NO. _____

APPLICANT NAME:		EMAIL ADDRESS:
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION:

PROPERTY OWNER: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

MASTER ELECTRICIAN NAME _____

STATE LICENSE NUMBER _____ EXP. DATE _____

STATE CONTRACTORS LICENSE NO. _____ EXP. DATE _____
(REQUIRED TO PULL PERMIT)

PURPOSE OF ELECTRICAL PERMIT: New Construction _____ Repair _____ Upgrade _____

Other: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

Check #: _____

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR PLUMBING PERMIT

PERMIT NO. _____

APPLICANT NAME:		EMAIL ADDRESS:
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION:

PROPERTY OWNER: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

NAME:	M-	/	/	/	/
<i>MASTER PLUMBER</i>	<i>LICENSE NUMBER</i>	<i>EXP. DATE</i>	<i>COI</i>		

PURPOSE OF PLUMBING PERMIT:

Repair _____ **Upgrade** _____ **Replacement** _____

New Construction? (Check all that apply) **Bldg. Plumbing** _____ **Site Utilities** _____

Other: _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____	DATE: _____	DATED ISSUED: _____
FOR CITY USE ONLY:		

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

HOMESTEAD/HOMEOWNER APPLICATION FOR IRRIGATION PERMIT

PERMIT NO. _____

LOCATION

<u>HOMEOWNER'S NAME</u>		
<u>ADDRESS</u>		
PFLUGERVILLE 78660		
<u>PHONE #</u>	<u>CELL PHONE #</u>	<u>EMAIL ADDRESS:</u>

A BACKFLOW DEVICE IS REQUIRED AND MUST BE INSTALLED BY A LICENSED IRRIGATOR OR A MASTER PLUMBER.

BACKFLOW INSTALLER		
_____ LI - _____		
LICENSED NAME	LICENSE NUMBER	EXPIRATION DATE

BACKFLOW TESTER		
_____ LI - _____		
LICENSED NAME	LICENSE NUMBER	EXPIRATION DATE

****IMPORTANT****

IT IS THE RESPONSIBILITY OF THE APPLICANT TO HAVE THE BACKFLOW PREVENTER TESTED IMMEDIATELY UPON INSTALLATION BY AN INDEPENDENT LICENSED BACKFLOW TESTER. FAILURE TO COMPLY WILL RESULT IN TERMINATION OF WATER SERVICE.

_____ ***I HAVE READ THE ABOVE STATEMENT***
HOMEOWNER'S INITIAL

SIGNATURE OF
APPLICANT: _____

PRINT
NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
FOR CITY USE ONLY

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR IRRIGATION PERMIT

PERMIT NO. _____

APPLICANT NAME:		EMAIL ADDRESS:
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONSTRUCTION LOCATION:

PROPERTY OWNER: _____ PHONE: _____

STREET ADDRESS: _____

SUBDIVISION: _____

TYPE OF PERMIT: _____ RESIDENTIAL _____ COMMERCIAL
--

NAME:	LI-	/ /
LICENSED IRRIGATOR	LICENSE NUMBER	EXP. DATE

****IMPORTANT****

IT IS THE RESPONSIBILITY OF THE APPLICANT TO HAVE THE BACKFLOW PREVENTION ASSEMBLY INSPECTED AND TESTED IMMEDIATELY UPON INSTALLATION. FAILURE TO COMPLY WILL RESULT IN TERMINATION OF WATER SERVICE.

SIGNATURE OF
APPLICANT: _____

PRINT
NAME: _____

<i>For City Use Only</i> RECEIVED BY: _____ DATE: _____ DATE ISSUED _____
--

CITY OF PFLUGERVILLE
210-B EAST PECAN STREET
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING DEPARTMENT
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. **DO NOT LEAVE THIS REPORT IN METER BOX**
A signed and dated **ORIGINAL** must be submitted to the public water supplier.

ILLEGAL OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

RESIDENTIAL

COMMERCIAL

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

BACKFLOW ASSEMBLY INFORMATION

Serial Number _____ Manufacturer _____ Model _____ Size _____

Occupant/Business Name _____

Physical Address _____

Assembly Location on Property _____

Purpose of Assembly _____

CUSTOMER INFORMATION

Property Owner/Agent _____

Mailing Address _____ Bldg. _____ Suite# _____

City _____ State _____ Zip Code _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

Reduced Pressure Principle
Double Check Valve
Pressure Vacuum Breaker

Reduced Pressure Principle Detector
Double Check Detector
Spill-Resistant Pressure Vacuum Breaker

	REDUCED PRESSURE BACKFLOW PREVENTION ASSEMBLY			PRESSURE VACUUM BREAKER	
	DOUBLE-CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	1 ST CHECK	2 ND CHECK			
INITIAL TEST	Held at _____ psid Closed Tight Leaked _____	Held at _____ psid Closed Tight Leaked _____	Opened at _____ psid Did not open	Opened at _____ psid Did not open	Held at _____ psid Leaked _____
TEST AFTER REPAIRS	Held at _____ psid Closed Tight	Held at _____ psid Closed Tight	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
REPAIRS AND MATERIALS USED					

Test gauge used: Make/Model: _____ SN: _____ Calibration Date: _____

Remarks: _____

The above is certified to be true at the time of testing.

CERTIFICATION # _____ GAUGE SERIAL # _____

PHONE _____ BACKFLOW TECHNICIAN _____

DATE _____ TECHNICIAN'S SIGNATURE _____

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS. **USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**

IRRIGATION SYSTEM MAINTENANCE CHECKLIST

Installation Completion Date: _____

Address: _____

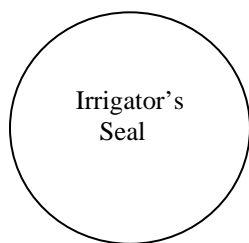
The following items have been provided and explained to the irrigation system owner or system owner's representative.

- ☐ The manufacturer's manual for the controller.
- ☐ A seasonal watering schedule
- ☐ A list of components that require maintenance and the recommended frequency of maintenance is attached.
- ☐ A permanent sticker has been attached to the controller indicating the warranty period for the irrigation system and contact information.
- ☐ The corrected or re-drawn design plans indicating the actual installation and components of the system.
- ☐ Location and operation of the isolation valve.

Irrigation System Owner/Representative

Date

This irrigation system has been installed in accordance with all applicable state and local laws, ordinances, rules, regulations or orders. I have tested the system and determined that it has been installed according to the Irrigation Plans and is properly adjusted for the most efficient application of water at this time.



IRRIGATOR

DATE

IRRIGATION TECHNICIAN

DATE

*Irrigation in Texas is regulated by the Texas Commission on Environmental Quality
(TCEQ) (MC-178) P.O. Box 13087, Austin, Texas 78711-3087.
TCEQ's web site is: www.tceq.state.tx.us*



Texas Commission on Environmental Quality
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

TCEQ REGION NUMBER

COUNTY OF INSTALLATION

TCEQ USE ONLY

APPLICATION NO.

DATE RECEIVED

AMOUNT

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: _____

3. HOME PHONE NO.: () _____ OTHER or FAX NO.: () _____

4. 911 SITE ADDRESS: _____

5. PROPERTY LEGAL DESCRIPTION: _____

Acreage: _____ Plat Date: _____ Subdivision name (if applicable): _____

*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY,
OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION*

6. DIRECTIONS TO SITE: _____

7. SOURCE OF WATER: ☐ Private Well ☐ Public Water Supply _____
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ Living Area (ft²): _____

9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: _____

BUSINESS / INSTITUTION NAME: _____

RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____

10. SITE EVALUATOR: _____ LICENSE NO. _____

PHONE NO.: () _____ OTHER or FAX NO.: () _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

11. INSTALLER: _____ LICENSE NO.: _____

PHONE NO.: () _____ OTHER or FAX NO.: () _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

**I certify that the above statements are true and correct to the best of my knowledge.
Authorization is hereby given to the Texas Commission on Environmental Quality to enter
upon the above described property for the purpose of soil/site evaluation and investigation
of an on-site sewage facility.**

SIGNATURE OF OWNER: _____ **DATE:** _____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Texas Commission on Environmental Quality

**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

PROFESSIONAL DESIGN REQUIRED?: ☐ Yes ☐ No If yes, professional design attached: ☐ Yes ☐ No

Designer Name: _____ License Type and No. _____

Phone No. (____) _____ Other or Fax No. (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

Water Saving Devices: ☐ Yes ☐ No

III. TREATMENT UNIT(S): ☐ Septic Tank ☐ Aerobic Unit

A. • Tank Dimensions: _____ • Liquid Depth (bottom of tank to outlet): _____

• Size Proposed: _____ (gal) • Manufacturer : _____

• Material/Model #: _____

• Pretreatment Tank : ☐ Yes SIZE : _____ (gal) ☐ No ☐ NA

• Pump/Lift Tank : ☐ Yes SIZE : _____ (gal) ☐ No ☐ NA

B. OTHER ☐ Yes ☐ No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer and Model: _____

Area Proposed : _____ square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil/Site evaluation **B.** Planning materials (If Applicable)

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE
PENALTIES.**

SIGNATURE OF INSTALLER OR DESIGNER: _____ DATE: _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR TYPE "A" PERMANENT SIGN

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		NAME:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

PROPERTY OWNER:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____

SIGN LOCATION ADDRESS:

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____
STREET ADDRESS: _____ ZONED _____

_____ **NEW SIGN** _____ **MAJOR MAINTENANCE TO EXISTING SIGN**
TYPE: _____ FREE STANDING _____ PROJECTING _____ WALL _____ MOBILE
USE: _____ AGRICULTURE _____ INFORMATION _____ INSTITUTIONAL _____ MULTI-FAMILY
_____ MULTI-PANE _____ MULTI-TENANT _____ SHOPPING CENTER _____ SINGLE TENANT

SETBACK FROM PROPERTY LINE (FEET): _____ DIMENSIONS OF SIGN SURFACE AREA (FEET): _____
HEIGHT OF SIGN (FEET): _____ TOTAL SQUARE FOOTAGE: _____
**ILLUMINATION: NONE _____ EXTERNAL _____ INTERNAL (ELECTRIC SIGN) _____

**** (Required to Pull Permit)**

ELECTRICIANS NAME: _____
Master Sign Electrician's License No. _____ **Electrical Sign Contractor's License No.** _____

ESTIMATED COST OF CONSTRUCTION: _____

THIS APPLICATION MUST BE ACCOMPANIED BY:

- WRITTEN CONSENT SIGNED BY THE PROPERTY OWNER AUTHORIZING ERECTION OF THIS SIGN.
- PLANS AND SPECIFICATIONS DRAWN TO SCALE WITH ENOUGH DETAIL TO SHOW THAT THE SIGN WILL CONFORM TO THE REQUIREMENTS OF THE SIGN ORDINANCE.
- PAYMENT OF THE PERMIT FEE

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY

City of Pflugerville Sign Ordinance Notes for New Businesses

Prohibited Signs:

Moving Signs – This category includes “flutter” or “feather” and pennants.

Inflatable Signs – This category includes any inflatable from small balloons to giant “Grand Opening” inflatables on roof.

There are no exceptions and no variances can be granted



Approved Signs:

Banners – Banners are allowed without restrictions on size for six periods of three weeks each out of the year. The permit is pulled annually with no charge. An application must be completed.

Temporary signs – Temporary signs are allowed without size restrictions for three month-long periods out of the year. They can be placed for one month, but must be picked up for the next three months before being placed out again. The permit is pulled annually with a \$25.00 permit fee to accompany the application

NO APPROVED SIGNS ARE ALLOWED IN THE RIGHT-OF-WAY!

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR TYPE "B" TEMPORARY SIGN

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

PROPERTY OWNER:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____

SIGN LOCATION ADDRESS:

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____
STREET ADDRESS: _____ ZONED _____

TERM 1: BEGINNING DATE _____ ENDING DATE _____

TERM 2: BEGINNING DATE _____ ENDING DATE _____

TERM 3: BEGINNING DATE _____ ENDING DATE _____

SETBACK FROM PROPERTY LINE (FEET): _____ TOTAL SQUARE FOOTAGE: _____

DIMENSIONS OF SIGN SURFACE AREA (FEET): _____ HEIGHT OF SIGN (FEET): _____

ESTIMATED COST OF CONSTRUCTION: _____

THIS APPLICATION MUST BE ACCOMPANIED BY:

- A. WRITTEN CONSENT SIGNED BY THE PROPERTY OWNER AUTHORIZING ERECTION OF THIS SIGN.
- B. PLANS AND SPECIFICATIONS DRAWN TO SCALE WITH ENOUGH DETAIL TO SHOW THAT THE SIGN WILL CONFORM TO THE REQUIREMENTS OF THE SIGN ORDINANCE.
- C. PAYMENT OF THE PERMIT FEE

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY

City of Pflugerville Sign Ordinance Notes for New Businesses

Prohibited Signs:

Moving Signs – This category includes “flutter” or “feather” and pennants.

Inflatable Signs – This category includes any inflatable from small balloons to giant “Grand Opening” inflatables on roof.

There are no exceptions and no variances can be granted



Approved Signs:

Banners – Banners are allowed without restrictions on size for six periods of three weeks each out of the year. The permit is pulled annually with no charge. An application must be completed.

Temporary signs – Temporary signs are allowed without size restrictions for three month-long periods out of the year. They can be placed for one month, but must be picked up for the next three months before being placed out again. The permit is pulled annually with a \$25.00 permit fee to accompany the application

NO APPROVED SIGNS ARE ALLOWED IN THE RIGHT-OF-WAY!

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

**APPLICATION FOR TYPE "C" (BANNER) SIGN PERMIT
TEMPORARY**

PERMIT NO. _____

APPLICANT:		EMAIL ADDRESS:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		NAME:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

BANNER ADDRESS: _____

PLACEMENT OF BANNER: _____ PURPOSE OF BANNER: _____

DIMENSIONS OF BANNER SURFACE AREA (FEET):

LENGTH _____ WIDTH _____ TOTAL SQUARE FEET _____

1st TERM:	BEGINNING DATE _____	ENDING DATE _____
2nd TERM:	BEGINNING DATE _____	ENDING DATE _____
3rd TERM:	BEGINNING DATE _____	ENDING DATE _____
4th TERM:	BEGINNING DATE _____	ENDING DATE _____
5th TERM:	BEGINNING DATE _____	ENDING DATE _____
6th TERM:	BEGINNING DATE _____	ENDING DATE _____

NOTE:

- **ONLY ONE BANNER PER ADDRESS**
- **BANNERS ARE ALLOWED TO BE PLACED UP TO 6 TIMES A YEAR FOR A PERIOD NOT EXCEEDING 3 WEEKS.**
- **BANNERS MAY NOT BE PLACED IN PUBLIC RIGHT OF WAYS.**
- **OUT OF DATE BANNERS SUBJECT TO PICK UP BY THE CITY.**

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____

FOR CITY USE ONLY:

City of Pflugerville Sign Ordinance Notes for New Businesses

Prohibited Signs:

Moving Signs – This category includes “flutter” or “feather” and pennants.

Inflatable Signs – This category includes any inflatable from small balloons to giant “Grand Opening” inflatables on roof.

There are no exceptions and no variances can be granted



Approved Signs:

Banners – Banners are allowed without restrictions on size for six periods of three weeks each out of the year. The permit is pulled annually with no charge. An application must be completed.

Temporary signs – Temporary signs are allowed without size restrictions for three month-long periods out of the year. They can be placed for one month, but must be picked up for the next three months before being placed out again. The permit is pulled annually with a \$25.00 permit fee to accompany the application

NO APPROVED SIGNS ARE ALLOWED IN THE RIGHT-OF-WAY!

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR COMMON SIGNAGE PLAN

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

SIGN LOCATION ADDRESS:

STREET ADDRESS: _____ ZONED _____

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____

MAXIMUM TOTAL SIGN AREA PER ZONE LOT (TABLE B)

THE MAXIMUM TOTAL AREA OF ALL SIGNS ON A ZONE LOT EXCEPT INCIDENTAL, BUILDING MARKER, IDENTIFICATION SIGNS, AND FLAGS, SHALL NOT EXCEED THE LESSER OF THE FOLLOWING METHODS:

MAXIMUM NUMBER OF TOTAL SQUARE FEET _____ WITH 25% BONUS _____

PERCENTAGE OF GROUND FLOOR AREA OF PRINCIPLE BUILDINGS _____ WITH 25% BONUS _____

SQUARE FEET OF SIGNAGE PER LINEAR FOOT OF STREET FRONTAGE _____ WITH 25% BONUS _____

FREE STANDING SIGN(S)

ALL FREE STANDING SIGNS MUST BE FRAMED IN A MASONRY STRUCTURE OF AT LEAST 50% GREATER SQUARE FOOTAGE THAN THE TOTAL SQUARE FOOTAGE OF THE FACE OF THE SIGN.

SETBACK FROM PROPERTY LINE (FEET): _____

DIMENSIONS OF SIGNS SURFACE AREA (SQ. FT.) _____ HEIGHT OF SIGN (FEET) _____

ILLUMINATION: _____ NONE _____ EXTERNAL _____ INTERNAL

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
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PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

WALL SIGNS

PERCENTAGE OF INDIVIDUAL WALL SIGN TO UNIT OR SUITE WALL AREA _____

PERCENTAGE OF TOTAL WALL AREA _____

ILLUMINATION: _____ NONE _____ EXTERNAL _____ INTERNAL

THIS APPLICATION MUST BE ACCOMPANIED BY:

- A. WRITTEN CONSENT SIGNED BY THE PROPERTY OWNER AUTHORIZING ERECTION OF THIS SIGN.
- B. PLANS AND SPECIFICATIONS DRAWN TO SCALE WITH ENOUGH DETAIL TO SHOW THAT THE SIGN WILL CONFORM TO THE REQUIREMENTS OF THE SIGN ORDINANCE.
- C. PAYMENT OF THE PERMIT FEE

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
FOR CITY USE ONLY

Check #: _____

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
WWW.PFLUGERVILLETX.GOV

APPLICATION FOR FLOODPLAIN DEVELOPMENT PERMIT

APPLICATION NO. _____

APPLICANT _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ FAX _____

LOCATION:

PLATTED:

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____

STREET ADDRESS: _____ ZONED _____

UNPLATTED:

NAME & No. OF SURVEY/ABSTRACT _____ ACREAGE _____

LOCATION DESCRIPTION _____

VICINITY MAP MUST ACCOMPANY APPLICATION

NATURE OF PROPOSED CONSTRUCTION

☐ Residential ☐ Non-residential ☐ Placement of Fill ☐ Alteration of Natural Waterway or Drainage Course/Floodway
☐ Other _____

DESCRIPTION OF PROPOSED CONSTRUCTION

☐ New Construction ☐ Substantial Improvement to an Existing Structure ☐ House ☐ Mobile Home ☐ Non-Residential
☐ Commercial ☐ Other _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATED ISSUED: _____
FOR CITY USE ONLY:

FOR USE BY FLOODPLAIN ADMINISTRATOR

Flood Insurance Rate Map Determination:

☐ Floodplain ☐ Floodway Panel No. _____
☐ No Rise Certificate Required
☐ Elevation Certificate Required
☐ Federal and/or State Permit Required

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS
www.pflugervilletx.gov

Food Establishment Permit Application

Project Information		Permit # _____	
Business Name: _____		Hours of Operation: _____	
Business Address: _____		Previous Name: _____	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Name
Type of Food Service:		<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Convenience Store		<input type="checkbox"/> Grocery	
<input type="checkbox"/> Seasonal		<input type="checkbox"/> Day Care	
<input type="checkbox"/> Mobile Vendor		<input type="checkbox"/> School	
<input type="checkbox"/> Nursing Home		Other: _____	
List type: _____		Vin #: _____	
Vehicle Name/Model: _____		Tag#: _____	
Proof of Insurance: _____			

Business Owner Information	
Company Name: _____	Contact Person: _____
Street Address: _____	Email: _____
Phone Number: _____	Fax Number: _____
	Cell Number: _____

Property Owner Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Fax Number: _____
	Cell Number: _____

Provide following information on establishment:	
Number of Employees: _____	Seating Capacity: _____
# of Certified Food Service Handlers: _____	# of Certified Food Service Managers: _____
Does the Establishment have a Grease Trap? _____	If yes, capacity: _____ lbs.
Grease Trap Service Company: _____	
Is this a non-smoking establishment? _____	
If no, what is seating capacity for sections: Non-Smoking Section _____ Smoking Section _____	
Does the establishment serve alcohol or plan to serve alcohol? _____	

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY

Permit Fee: _____

Approved By: _____

Received By: _____

Date Issued: _____

Check # or Cash: _____

Expiration Issued: _____

BV Project #: _____

FOOD ESTABLISHMENTS (annual):

Permanent Food Establishment..... \$400.00
(2 TFER*) (No fee for one re-inspection, per permit year, if required)

Mobile Food Units & Seasonal

Mobile Food Vendor (Hot and Cold Truck) and Seasonal Vendor permits.....\$200.00

Temporary Food Establishment (Single event)..... \$50.00
(1TFER* inspection)

Complaint Investigation.....\$50.00
(2nd and subsequent TFER* inspection)

Consultation Services beyond the aforementioned scope of services:.....\$100.00/hour
Health Plan Review, Health Final and CO inspections and/or for more
than one re-inspection.

Food Establishment Plan Review (new construction, remodel or addition).....\$100.00/hour

Pools:

Public Swimming Pool Permits.....\$200.00/pump system
(1 inspection per year) (No fee for one re-inspection, per permit year, if required)

***Texas Food Establishment Regulations**

Temporary Event Guidelines for Food Service

- Only approved sources for foods to be allowed. No Home prepared Foods will be permitted.
- **REQUIRED ITEMS NEEDED:** Calibrated metal stem thermometer, sanitizer, test strips for sanitizer, food service gloves, and hair restraints.
- Keep Potentially Hazardous Foods @ 41 degrees or 135 degrees at all times. Provide equipment so that you may accomplish this at all times! Ex: ice chests, refrigerators, electric warmers. (Avoid using sternos due to possible wind issues)
- All foods to be cooked to required temperatures: Hamburgers and pork @ 155 and Chicken @ 165 degrees. (Confirm with sanitized metal stem thermometer)
- Minimal prep on site!!! PLEASE avoid handling of raw meats if possible. If both cooked and raw are to be used, separate to avoid cross contamination. (Store raw meats separated by type as well. NEVER store hot dogs and hamburgers together and NEVER store cooked and raw together, *provide separate utensils for each.*)
- Provide gloves and or serving utensils to prevent bare hand contact. Hands should be washed prior to donning gloves and gloves to be changed as necessary to prevent cross contamination. **ALWAYS WASH HANDS FIRST, THEN GLOVE!**
- All food related items to be stored off the floor/ground at all times. If event is not on pavement you will need to provide ground covering to control dust.
- Ice used for consumption may not be used for storage of drink containers or food items. Provide separate ice for drink storage. No storage of ice bags on ground.
- Provide Ware washing station for serving utensils. Buckets with the following:
 - WASH container (soap and potable water)
 - RINSE container (Clean water only)
 - SANITIZE container (Sanitizer and water mixture)
- Provide test strips for your choice of sanitizer to be used:
Chlorine to be 100 ppm and Quats @ 200 ppm
- Provide hand wash station to consist of:
 - Container with spigot for clean potable water
 - Antibacterial liquid soap and paper towels
 - Container to “catch” dirty water
- Trailers should provide sinks set up as described above and sufficient clean and waste water storage tanks.
- Booth style will need to provide sufficient water or have potable water within close proximity. Waste water will need to be disposed of in a proper manner.
- Booth style set up will need to be equipped with some type of overhead cover to protect food. Always avoid setting up under trees!
- Sufficient trash receptacles must be provided.

Temporary Food Establishment Application

A separate application and permit is required for each stand, booth, cart, etc.

Location of Event: _____

Name/Type of Event: _____

Vendor/Booth Name: _____

Responsible Person: _____ **Email:** _____ **Phone:** _____

Beginning Date: _____ **Ending Date:** _____ **Time of Operation:** _____

Menu: List all items. Any changes must be submitted and approved by the Health Department prior to the event.

Food Items to be served (*only listed foods and beverages may be authorized.)	Source *(foods purchased from:)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Note: No home preparation or storage of foods allowed. Any food items served without approval may result in the temporary food establishment being suspended or revoked for non-compliance with City Ordinance.

*Food prepared on-site: ☐ Yes ☐ No If no, where? _____

Cooking equipment: ☐ Electrical ☐ Charcoal ☐ Propane ☐ Other: _____

Describe hot holding equipment: _____

Describe cold holding equipment: _____

Describe facility: ☐ Covered ☐ Open ☐ Enclosed ☐ Other: _____

Type of floor surface: ☐ Asphalt ☐ Concrete ☐ Plywood ☐ Other: _____

Guidelines Provided: ☐

Each food vendor shall provide handwashing and utensil washing equipment on-site.

Signature of Applicant: _____ **Date:** _____

Approved By

Date

Comments

Parks Department:			
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Issued By: _____ **Date Issued:** _____