



City of Orchard

9714 Kibler Street Orchard, Texas 77464
Phone: (979) 478-6893 www.orchardtexas.net

Residential: Electrical – Plumbing – Mechanical

The City of Orchard adopted the 2012 International Building, Residential, Plumbing, Mechanical, Fuel / Gas, and Energy Conservation Codes and the 2011 National Electrical Code.

When is a permit needed:

- **Electrical Upgrades/ Repairs** - A permit is required for all service upgrades, service repairs or circuit replacements.
- **Plumbing Upgrades/ Repairs** - A permit is required when a gas line is added, replaced or repaired, installing gas logs inside your fireplace, replacing a gas or electric water heater, adding a water softener to your home or sprinkler system, replacing water and sewer lines.
- **Irrigation Systems** - A permit is required for the installation or repair of all residential irrigation systems. An approved backflow device must be installed with each sprinkler system and a backflow test report must be submitted to the city.
- **Mechanical Upgrades/ Repairs** - A permit is required when an air conditioner or furnace is installed or replaced.

What is needed to obtain a permit? A plan review is not required, but a permit fee is due upon permit issuance.

Submittal documents: Fill out a Residential permit application and Contractor Registration.

Inspections

Request an inspection from Bureau Veritas. Inspections received by 5:00 p.m. Monday – Friday will be performed the next business day.

Phone: toll free (877) 837-8775

Fax: toll free (877) 837-8859

Can also be emailed to: inspectionstx@us.bureauveritas.com

All Electrical, Plumbing, Irrigation and Mechanical work described above require an inspection and Contractor Registration.

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CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

_____ ELECTRICAL CONTRACTOR
_____ MASTER ELECTRICIAN
_____ JOURNEYMAN ELECTRICIAN
_____ MASTER SIGN ELECTRICIAN

_____ MECHANICAL (HVAC)
_____ IRRIGATOR (LANDSCAPE)
_____ BACKFLOW (*special form required*)

_____ MASTER PLUMBER
_____ JOURNEYMAN PLUMBER

_____ OTHER
_____ THIRD PARTY ENERGY PROVIDER

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

LICENSEE NAME: _____

LICENSEE NUMBER: _____ PHONE: _____

ADDRESS (MAILING): _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE



City of Orchard

Residential Permit Application

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Phone: (979) 478-6893
www.orchardtexas.net

Building Permit Number: _____		Valuation: _____	
Project Address: _____		Zoning District: _____	
Lot: _____	Block: _____	Subdivision: _____	
Project Description:	NEW SFR <input type="checkbox"/>	SFR REMODEL/ADDITION <input type="checkbox"/>	SPECIFY OTHER: _____
	PLUMBING <input type="checkbox"/>	MECHANICAL <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>
	ACCESSORY BUILDING <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>	SWIMMING POOL <input type="checkbox"/>
			DEMO <input type="checkbox"/>
			FENCE <input type="checkbox"/>
Description of Work:			
Area Square Feet: _____	Covered _____	Number of stories: _____	
Living: _____	Garage: _____	Porch: _____	Total: _____
IS THIS PROPERTY IN A FLOODPLAIN: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide Flood Plain Certificate	

Owner Information:			
Name: _____		Contact Person: _____	
Address: _____			
Phone #: _____	Mobile #: _____	Email: _____	

General Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Mechanical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Electrical Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Plumber/Irrigator	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
TPO Energy Provider	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

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 or not. The 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.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date approved: _____	
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Permit Fee: _____
Received By: _____
Date: _____

BV Project #: _____



BUREAU VERITAS

INSPECTION REPORT

PROJECT ADDRESS & CITY		PROJECT NUMBER
SUBDIVISION/PROJECT NAME		CLIENT

BUILDING	Status	PLUMBING	Status	ELECTRICAL	Status	MECHANICAL	Status	ENERGY	Status
<input type="checkbox"/> Form Survey		<input type="checkbox"/> Rough		<input type="checkbox"/> T-Pole		<input type="checkbox"/> Rough		<input type="checkbox"/> Pre-Insulation	
<input type="checkbox"/> Pier / Footing		<input type="checkbox"/> Water Service		<input type="checkbox"/> Underground		<input type="checkbox"/> Fireplace		<input type="checkbox"/> Insulation	
<input type="checkbox"/> Foundation		<input type="checkbox"/> Yard Sewer		<input type="checkbox"/> Rough		<input type="checkbox"/> Type I Duct		<input type="checkbox"/> Duct	
<input type="checkbox"/> Flatwork		<input type="checkbox"/> Gas Underground		<input type="checkbox"/> Const. Meter		<input type="checkbox"/> Type I Hood		<input type="checkbox"/> Electric	
<input type="checkbox"/> Framing		<input type="checkbox"/> Gas Rough		<input type="checkbox"/> Final		<input type="checkbox"/> Type II Duct		<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Veneer / Wall Tie		<input type="checkbox"/> Top Out		<input type="checkbox"/> Pool Belly Bond		<input type="checkbox"/> Type II Hood		<input type="checkbox"/> Final	
<input type="checkbox"/> Term. Letter		<input type="checkbox"/> Gas Final / Release		<input type="checkbox"/> Pool Deck Bond		<input type="checkbox"/> Final		<input type="checkbox"/> Above Ceiling	
<input type="checkbox"/> ROW Tag		<input type="checkbox"/> Final		<input type="checkbox"/> Above Ceiling		<input type="checkbox"/> Above Ceiling		<input type="checkbox"/>	
<input type="checkbox"/> Final		<input type="checkbox"/> Grease Trap		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Pool Final		<input type="checkbox"/> Pool P-Trap		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> CO		<input type="checkbox"/> Backflow		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Status: P = Pass / PP = Partial Pass / F = Failed (reinspection required) / NA = Not Applicable / C = Cancelled

COMMENTS

PERMIT NUMBER	INSPECTOR	INSPECTOR'S PHONE	DATE
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BVNA REPRESENTS THAT THE SERVICES, FINDINGS, RECOMMENDATIONS AND/OR ADVICE PROVIDED TO CLIENT WILL BE PREPARED, PERFORMED, AND RENDERED IN ACCORDANCE WITH PROCEDURES, PROTOCOLS AND PRACTICES ORDINARILY EXERCISED BY PROFESSIONALS IN BVNA'S PROFESSION FOR USE IN SIMILAR ASSIGNMENTS, AND PREPARED UNDER SIMILAR CONDITIONS AT THE SAME TIME AND LOCALITY. CLIENT ACKNOWLEDGES AND AGREES THAT BVNA HAS MADE NO OTHER IMPLIED OR EXPRESSED REPRESENTATION, WARRANTY OR CONDITION WITH RESPECT TO THE SERVICES, FINDINGS, RECOMMENDATIONS OR ADVICE TO BE PROVIDED BY BVNA PURSUANT TO THIS AGREEMENT.

THIS REPORT IS SOLELY FOR THE USE AND BENEFIT OF THE CLIENT. BVNA IS NOT LIABLE TO THE CLIENT OR ANY THIRD PARTY FOR THE THIRD PARTY'S RELIANCE ON OR USE OF THIS REPORT. INSPECTIONS ARE BASED SOLELY ON VISUAL OBSERVATION(S) AND ASSESSMENT(S) OF THE CONDITION OF THE PROPERTY OR SPECIFIED ITEMS AT THE TIME OF INSPECTION. FURTHER, BVNA IS NOT LIABLE TO THE CLIENT OR ANY THIRD PARTY FOR ANY DAMAGE OR CLAIM ARISING FROM UNDISCLOSED AND/OR UNKNOWN DANGEROUS CONDITIONS EXISTING AT THE SITE BEFORE BVNA ENTERED THE PROJECT SITE, OR ARISING OUT OF MISREPRESENTATIONS BY CLIENT CONCERNING CONDITIONS AT THE SITE OR SPECIFIED ITEM.

INSPECTION REQUEST
TOLL FREE: (877) 837-8775
FAX (877) 837-8859

PLEASE KEEP THIS REPORT IN THE PERMIT PACKET



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