



# CITY OF FULSHEAR

## BUILDING SERVICES

PO Box 279 / 29255 FM 1093 #12C  
Fulshear, Texas 77441  
Phone: 281-346-8860 ~ Fax: 281-346-8237  
[www.fulsheartexas.gov](http://www.fulsheartexas.gov)

### APPLICATION FOR RESIDENTIAL IRRIGATION TAP

Date of Application: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Meter Size (please specify): 5/8" \_\_\_\_\_ 3/4" \_\_\_\_\_ 1" \_\_\_\_\_ Other \_\_\_\_\_

Service Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

Irrigation existing: YES / NO

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#### **Billing Information for Monthly Water Bill:**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

I understand that Severn Trent will install the irrigation tap within **10 to 15 business days** after payment is received. I understand that once the meter is set it will remain locked until I have the backflow prevention assembly tested. I understand that I have 2 options to get backflow prevention assembly tested and approved:

1. Severn Trent Customer Service 281-579-4500. I will be billed for the test. If the test fails, I understand that I will need to get a licensed irrigator or plumber to correct the problem.
2. Hire a backflow prevention assembly certified tester and have the report sent to City of Fulshear at [inspections@fulsheartexas.gov](mailto:inspections@fulsheartexas.gov)

I HEREBY ACCEPT ALL THE ABOVE CONDITIONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

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#### **For Office Use Only:**

Payment Amount: \_\_\_\_\_

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