

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES
 Please completed items 1 through 12a + Block and Lot Numbers

Block #	Lot #	FOR DEPARTMENT USE ONLY Log No.
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1. Name of Facility	2. City, Village, Town	3. County
4. Location of Facility <small>Street</small>	City	state
4a. Phone Numbers	5. Contact Person	
5. Approx. Location of Device(s)	6. Mfg. Model #	Size of Device(s)

# of Fire Services	# of Domestic Services	# of Combined Services	Total # of Services	Total # of Buildings
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7. Name of Owner	Title	Phone Number	8. Nature of works <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device
Full Mailing Address <small>street</small>			8a.
Address			<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service
City			8b.
state			<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations
zip			
Owner's Signature		Date	
		M / D / Y	

9. Name of Design Engineer or Architect	10. NYS License #								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; text-align: center;"><small>Street</small></td> <td style="width: 20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Address</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">City</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">State</td> <td style="border-bottom: 1px solid black; text-align: center;">Zip</td> </tr> </table>	<small>Street</small>		Address		City		State	Zip	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other
<small>Street</small>									
Address									
City									
State	Zip								
Signature	10a. Telephone Number(s)								
<small>Original Ink signature and seal required on all copies</small>	Date								
	M / D / Y								

11. Water System Pressure (psi) at Point of Connection	12. Estimate Installation Cost	12a. Estimate Design Cost
Max _____ Avg _____ Min _____		

13. Degree of Hazard	List of processes or reasons that lead to degree of hazard checked:
<input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable	_____ _____

14. Public water supply name	Name of supplier's designate representative						
Mailing Address	Title						
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<small>street</small>							
City	state						
City	zip						
Telephone No. ()	M / D / Y						

Note: All applicants must be accompanied by plans, specifications and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will forward it to the local public health engineer. This form must be prepared in quadruplicate with four copies of all plans, specifications and descriptive literature.