

Backflow Registration Form

PERMIT NO. _____

One Permit Application Required for Each Backflow Device

CONTRACTOR

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Certification Number: _____

Residential Backflow:

Address: _____ Subdivision: _____ Lot # _____

Owner Name: _____ Phone: _____

Location Of Backflow on/in Property: _____

Commercial Backflow:

Name of Business: _____ Phone: _____

Address: _____

Property Owner Name & Mailing Address: _____

Location of Backflow in Facility: _____

BACKFLOW REGISTRATION INFORMATION

Manufacturer: _____

Model: _____

Serial Number: _____

Size: _____

Type of Device: ☐ RP ☐ DC ☐ AG

Classification: ☐ Food Service ☐ Non-Food Service ☐ Residential

Type of System: ☐ Plumbing/Water Service ☐ Process/Auxiliary Service

☐ Fire Suppression ☐ Lawn Irrigation

Application: ☐ Containment ☐ Isolation

APPLICANT: ☐ CONTRACTOR ☐ PROPERTY OWNER Cost of Construction \$ _____

Signature of Applicant

Name of Applicant (please print)

Phone Number