

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 zip
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. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service
Address City state zip			8b. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations
Owner's Signature		Date M / D / Y	

9. Name of Design Engineer or Architect	10. NYS License #										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> <table style="width: 100%;"> <tr> <td style="text-align: center;"><small>Street</small></td> </tr> <tr> <td>Address</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State Zip</td> </tr> </table> </td> <td style="width: 20%; padding: 2px;"> <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other </td> </tr> <tr> <td style="padding: 2px;">Signature</td> <td style="padding: 2px;">10a. Telephone Number(s)</td> </tr> <tr> <td style="padding: 2px;">Date M / D / Y</td> <td></td> </tr> </table>	<table style="width: 100%;"> <tr> <td style="text-align: center;"><small>Street</small></td> </tr> <tr> <td>Address</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State Zip</td> </tr> </table>	<small>Street</small>	Address	City	State Zip	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	Signature	10a. Telephone Number(s)	Date M / D / Y		Date M / D / Y
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<small>Street</small>											
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Date M / D / Y											

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Estimate Installation Cost	12a. Estimate Design Cost
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13. Degree of Hazard <input type="checkbox"/> Hazardous <input type="checkbox"/> Aesthetically Objectionable	List of processes or reasons that lead to degree of hazard checked: _____ _____
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14. Public water supply name	Name of supplier's designate representative
Mailing Address <small>street</small>	Title
City state zip	Signature _____ M / D / Y
Telephone No. ()	

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.