

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.	
1. Name of Facility			2. City, Village, Town		3. County		
4. Location of Facility <small style="margin-left: 100px;">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
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 Address <small style="margin-left: 100px;">street</small>						8a.	
City <small style="margin-left: 100px;">state</small> <small style="margin-left: 100px;">zip</small>						<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service	
Owner's Signature Date <u> </u> / <u> </u> / <u> </u> <small style="margin-left: 100px;">M D Y</small>						8b.	
						<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Major Renovations	
9. Name of Design Engineer or Architect						10. NYS License #	
Address <small style="margin-left: 100px;">Street</small>						<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
City						10a. Telephone Number(s)	
State <small style="margin-left: 100px;">Zip</small>						Date <u> </u> / <u> </u> / <u> </u> <small style="margin-left: 100px;">M D Y</small>	
Signature							
<small>Original Ink signature and seal required on all copies</small>							
11. Water System Pressure (psi) at Point of Connection			12. Estimate Installation Cost		12a. Estimate Design Cost		
Max <u> </u> Avg <u> </u> Min <u> </u>							
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			
<small style="margin-left: 100px;">street</small>				_____			
City <small style="margin-left: 100px;">state</small> <small style="margin-left: 100px;">zip</small>				Signature <u> </u> / <u> </u> / <u> </u> <small style="margin-left: 100px;">M D Y</small>			
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.