## Backflow Permit/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 ____________________________________________