

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>		<small>City</small>	<small>state</small>	<small>zip</small>	
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	
# of Fire 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 <small>street</small>		8a.			
<small>City</small>		<small>state</small>		<small>zip</small>	
Owner's Signature		Date <u> </u> / <u> </u> / <u> </u> <small>M D Y</small>		<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service	
		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 #							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><small>Street</small></td> <td style="width: 50%; padding: 2px;"><small>Address</small></td> </tr> <tr> <td style="padding: 2px;"><small>City</small></td> <td style="padding: 2px;"><small>State</small></td> </tr> <tr> <td style="padding: 2px;"><small>State</small></td> <td style="padding: 2px;"><small>Zip</small></td> </tr> </table>		<small>Street</small>	<small>Address</small>	<small>City</small>	<small>State</small>	<small>State</small>	<small>Zip</small>	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
<small>Street</small>	<small>Address</small>								
<small>City</small>	<small>State</small>								
<small>State</small>	<small>Zip</small>								
Signature _____		10a. Telephone Number(s)							
<small>Original Ink signature and seal required on all copies</small>		Date <u> </u> / <u> </u> / <u> </u> <small>M D Y</small>							

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	
<small>street</small>		_____	
<small>City</small>		Signature _____	
<small>state</small>		<small>M D Y</small>	
<small>zip</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.