

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

9. Name of Design Engineer or Architect		10. NYS License #									
<table border="1"> <tr><td colspan="2"><small>Street</small></td></tr> <tr><td colspan="2">Address</td></tr> <tr><td colspan="2">City</td></tr> <tr><td>State</td><td>Zip</td></tr> </table>		<small>Street</small>		Address		City		State	Zip	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other	
<small>Street</small>											
Address											
City											
State	Zip										
Signature		10a. Telephone Number(s)									
Original Ink signature and seal required on all copies		Date									
		M / D / Y									

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>		_____			
City		state	zip		
Telephone No. (   )		Signature		Date	
		_____		M / D / Y	

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.