

## Application for Approval of Backflow Prevention Devices

<b>PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES</b> Please completed items 1 through 12a + Block and Lot Numbers		Block #	Lot #	<b>FOR DEPARTMENT USE ONLY</b> Log No.
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	Total # of Services
7. Name of Owner		Title	Phone Number	
8. Nature of works <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device		8a. <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		Full Mailing Address <small>street</small> Address <small>City</small> <small>state</small> <small>zip</small>		
Owner's Signature		Date <u>    </u> / <u>    </u> / <u>    </u> <small>M D Y</small>		
9. Name of Design Engineer or Architect		10. NYS License #		
Address <small>Street</small> <small>City</small> <small>State</small> <small>zip</small>		<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other		
Signature		10a. Telephone Number(s)		
Date		<u>    </u> / <u>    </u> / <u>    </u> <small>M D Y</small>		
11. Water System Pressure (psi) at Point of Connection <small>Max</small> <small>Avg</small> <small>Min</small>		12. Estimate Installation Cost		12a. Estimate Design Cost
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: _____ _____		
14. Public water supply name Mailing Address <small>street</small> <small>City</small> <small>state</small> <small>zip</small> Telephone No. (    )		Name of supplier's designate representative Title _____ Signature <u>    </u> / <u>    </u> / <u>    </u> <small>M D Y</small>		

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.