

# 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 #	<b>FOR DEPARTMENT USE ONLY</b> Log No.
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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
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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 style="margin-left: 100px;">street</small>			8a.
City state zip			<input type="checkbox"/> New Service <input type="checkbox"/> Existing Service
Owner's Signature Date <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 #						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; text-align: center;"><small>Street</small> Address</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">City</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">State</td> <td style="border-bottom: 1px solid black; text-align: center;">Zip</td> </tr> </table>	<small>Street</small> Address		City		State	Zip	<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other  10a. Telephone Number(s)  Date <small style="margin-left: 100px;">M / D / Y</small>
<small>Street</small> Address							
City							
State	Zip						
Original Ink signature and seal required on all copies	Signature						

11. Water System Pressure (psi) at Point of Connection Max _____ Avg _____ Min _____	12. Estimate Installation Cost	12a. Estimate Design Cost
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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: _____ _____
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14. Public water supply name	Name of supplier's designate representative
Mailing Address  street  City state zip	Title  Signature <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.