

## **Backflow Inspection**Permit Application

			Date:		
Project Name:					
Project Address:					
Bldg#:	Floor:	Suite/Space#:	7	Tract#:	
Project Square Footage:	Pr	oject Valuation: \$		<del></del>	
Description of Work: Inspective Phoenix Plumbing C	ode and Phoenix City		ion 37-141 thro	ugh 37-146.	
Owner Information:					
Owner/Business Name: Address:				Zin Code:	
Contact Person:					
			•	<u></u>	
Contractor Information:					
Business Name:					
Address:					
Contact Person:				ax:	
Local Business (Phoenix PL					
State Tax #:	Stat	e License Class and inur	mber (ROC):		
Applicant Signature:					
Check One:	☐ Contractor	Other			
<b>X</b> :		Print Name:			
Address:		City:	State:	Zip Code:	
Company Name:		Phone:	F	ax:	
	St	aff Use Only		Initials:	
Permit Type: Per					
Project Number:					
Census:					
Units: <b>0</b> Occupancy: <b>N</b> /	A Const Type: <b>N/</b>	Scope Code: <b>BA</b>	CKFLOW	Struc Class:	
Review Fee Code:	_	-		_	

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