



Date: _____

Project Name: _____

Project Address: _____

Bldg#: _____ Floor: _____ Suite/Space#: _____ Tract#: _____

Project Square Footage: _____ Project Valuation: \$ _____

Description of Work: Inspection/evaluation for a secondary backflow prevention device for compliance with current Phoenix Plumbing Code and Phoenix City Code Chapter 37, Section 37-141 through 37-146.

Owner Information:

Owner/Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Contractor Information:

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Local Business (Phoenix PLT) #: _____

State Tax #: _____ State License Class and Number (ROC): _____

Applicant Signature:

Check One: Owner Contractor Other _____

X: _____ Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone: _____ Fax: _____

-----**Staff Use Only**----- Initials: _____

Permit Type: _____ Permit #: **T** _____ Permit Name: **Backflow Inspection/Evaluation**

Project Number: _____ CITA Yes No C Of O Yes No

Census: _____ Qtr Sec: _____ Cncl Dist: _____ Zoning: _____

Units: **0** Occupancy: **N/A** Const Type: **N/A** Scope Code: **BACKFLOW** Struc Class: _____

Review Fee Code: _____ Fee: _____ Permit Fee Code: _____ Fee: _____

Total: _____

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