



## Backflow Installation Permit Application

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Bldg #: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite/Space #: \_\_\_\_\_ Tract #: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Project Valuation: \$ \_\_\_\_\_

**Description of Work:** Installation of a \_\_\_\_\_ inch backflow device. Installation is for:

☐ New ☐ Retrofit

☐ Domestic water system ☐ Irrigation system ☐ Fire suppression system

Type of backflow device: \_\_\_\_\_ Fire Dept Log #: \_\_\_\_\_

☐ Reduced Pressure Principle ☐ Double Check Valve ☐ Pressure Vacuum Breaker

### 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: \_\_\_\_\_

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: **VACUUM** Struc Class: \_\_\_\_\_

Review Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_

Total: \_\_\_\_\_

For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice or TTY use 7-1-1.