



**Backflow Installation  
Over the Counter (OTC) 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: \_\_\_\_\_

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