



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.