

BACKFLOW DEVICE PERMIT

Property Owner: _____

Phone: _____

Resident(if different from Owner): _____

Address of Installation: _____

Location: _____ Horizontal/Vertical: _____

Make/Model: _____

Hazard: High _____ Medium _____ Low _____

Estimated Cost of Job: _____ Size: _____

General Contractor: _____

Certified Tester(if different from Contractor): _____

Type of Use:

- _____ Multi-Family Residence
- _____ Business (type of business) _____
- _____ Church or School
- _____ Fraternity or Sorority
- _____ Accessory Building
- _____ Industry/Manufacturing (type) _____
- _____ Restaurant
- _____ Medical Facility (type) _____
- _____ Other

ALL BACKFLOW DEVICE ASSEMBLIES SHALL BE APPROVED BY ASSE AND INSTALLED TO MANUFACTURER SPECIFICATIONS. ANNUAL TEST IS REQUIRED ON MEDIUM AND HIGH HAZARD INSTALLATIONS. THE FEE FOR THIS PERMIT IS \$30.00; PLEASE PAY WHEN APPROVED.

**PLEASE REMEMBER A TOWN OFFICIAL MUST WITNESS THE INITIAL TEST,
CALL 808-9638 TO SCHEDULE A TIME.**

Owner or Agent

Date

Phone Number

Approved _____	Disapproved _____
Backflow Prevention Coordinator: _____	_____
	Date