

Backflow Installation Permit Application

Project Name: Project Address: Bldg #:				Date:	
Project Address:	Project Name:		· · · · · · · · · · · · · · · · · · ·		
Project Square Footage:					
Description of Work: Installation of a inch backflow device. Installation is for: New	Bldg #: Floor:	:	Suite/Space #:		Tract #:
New Retrofit Domestic water system Irrigation system Fire suppression system Type of backflow device: Fire Dept Log #: <	Project Square Footage:	Project	Valuation: \$		
☐ Reduced Pressure Principle ☐ Double Check Valve ☐ Pressure Vacuum Breaker Owner Information: Owner/Business Name:	☐ New ☐ Retrofit				for:
Owner Information: Owner/Business Name: Zip Code: Zip Code: Contact Person: Fax: Fax: State: Zip Code: Contact Person: Phone: Fax: Fax: State: Zip Code: Contact Person: City: State: Zip Code: State: Zip Code: Contact Person: Phone: Fax: State: Zip Code: Contact Person: State: State: Zip Code: State Tax:	Type of backflow device:			Fire [Dept Log #:
Owner/Business Name: City: State: Zip Code: Contact Person: Phone: Fax: Contractor Information: Business Name: Business Name: Address: City: State: Zip Code: Contact Person: Phone: Fax: Local Business (Phoenix PLT) #: State License Class and Number (ROC): Applicant Signature: State License Class and Number (ROC): Check One: Owner Contractor Other X: Print Name: Address: Zip Code: Company Name: Phone: Fax: Initials: Permit Type: Permit #: T Permit Name: Permit Name: Permit Type: No C Of O	Reduced Pressure Principle	☐ Double Ch	eck Valve	☐ Pressure	e Vacuum Breaker
Address: City: State: Zip Code: Contact Person: Phone: Fax: Contractor Information: Business Name:					
Contractor Information: Business Name:					
Contractor Information: Business Name:					
Business Name: Address:	Contact Person:		Phone:		Fax:
Address: City: State: Zip Code: Contact Person: Phone: Fax: Local Business (Phoenix PLT) #: State License Class and Number (ROC): State Tax #: State License Class and Number (ROC): Applicant Signature: Check One: Owner Contractor Other X: Print Name: Yerint Name: Zip Code: Company Name: Fax: Company Name: Phone: Fax: Initials: Permit Type: Permit #: T Permit Name: Permit Name: Project Number: CITA Yes No C Of O Yes No No Census: Qtr Sec: Cncl Dist: Zoning: Units: 0 Occupancy: N/A Const Type: N/A Scope Code: VACUUM Struc Class:	Contractor Information:				
Contact Person: Phone: Fax: Local Business (Phoenix PLT) #: State License Class and Number (ROC): State Tax #: State License Class and Number (ROC): Applicant Signature: Check One: Check One: Owner Contractor Other X: Print Name: Address: City: Company Name: Phone: Fax: Fax: Staff Use Only Initials: Permit Type: Permit #: T Permit Name: Project Number: CITA Yes No C Of O Yes No No Census: Qtr Sec: Cncl Dist: Zoning: Units: 0 Occupancy: N/A Const Type: N/A Scope Code: VACUUM Struc Class:	Business Name:				
State Tax #: State License Class and Number (ROC):	Address:	City	:	State:	Zip Code:
State Tax #:	Contact Person:		Phone:		Fax:
Applicant Signature: Check One:	Local Business (Phoenix PLT) #:				
Check One: Owner Contractor Other X:	State Tax #:	State Lice	ense Class and Nu	mber (ROC):	
Check One: Owner Contractor Other X:	Applicant Signature:				
X: Print Name: Address: City: State: Zip Code: Company Name: Phone: Fax:		tractor 🔲 Ot	her		
Address: City: State: Zip Code: Company Name: Phone: Fax:	X :				
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:					
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Project Number: CITA		Staff	Use Only		Initials:
Census: Qtr Sec: Cncl Dist: Zoning: Units: 0 Occupancy: N/A Const Type: N/A Scope Code: VACUUM Struc Class:	Permit Type: Permit #: T _	P	ermit Name:		
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Units: 0 Occupancy: N/A Const Type: N/A Scope Code: VACUUM Struc Class:	Census: Qtr Sec:		Cncl Dist: _		Zoning:
Review Fee Code: Fee: Permit Fee Code: Fee:					
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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.