

# PHILADELPHIA WATER DEPARTMENT

## PERMIT APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY INSTALLATION

<input type="checkbox"/> New Structure <input type="checkbox"/> Existing Structure	Account # Plan No. / Permit No. :
NAME OF FACILITY:	TYPE OF FACILITY:
ADDRESS:	ZIP CODE:
FACILITY CONTACT PERSON:	TEL:
TITLE:	FAX:
MAILING ADDRESS:	ZIP CODE:

### LIST OF NEW BACKFLOW PREVENTION ASSEMBLY INSTALLATIONS

SERVICE (DS, FS)	LOCATION OF ASSEMBLY	TYPE (DC, RP)	ASSEMBLY MANUFACTURER	MODEL	SIZE (INCHES)
		**BILLING ACCOUNT or METER # :			
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		**BILLING ACCOUNT or METER # :			
		**BILLING ACCOUNT or METER # :			
		**BILLING ACCOUNT or METER # :			

NAME OF CERTIFIED TECHNICIAN:	CERTIFICATION #:	TEL. & FAX. :
SIGNATURE OF CERTIFIED TECHNICIAN:		DATE:

### EXAMINER'S APPROVAL

SIGNATURE OF EXAMINER:	DATE:	SIGNATURE OF INSPECTOR:	DATE:
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**LEGEND:**

**DS = DOMESTIC SERVICE**

**FS = FIRE SERVICE**

**DC = DOUBLE CHECK VALVE BACKFLOW ASSEMBLY**

**RP = REDUCED PRESSURE ZONE BACKFLOW ASSEMBLY**

**\*\*MUST BE COMPLETED**

