



## WATER DEPARTMENT

### CROSS CONNECTION CONTROL PERMIT APPLICATION

Grid # \_\_\_\_\_

Zoning District: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Location of subject property: \_\_\_\_\_

Is the property currently in the applicant's name? \_\_\_\_\_

(If the answer is no, consent of authorization to act is required)

Nature of Occupancy

Principal Building \_\_\_\_\_

Does Property have an existing back flow prevention device? Yes \_\_\_\_\_ or No \_\_\_\_\_

(If the answer is yes, age \_\_\_\_\_ and type \_\_\_\_\_)

If the answer is No;

Type of proposed back flow device: \_\_\_\_\_

Engineer of Record: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

Prime Contractor/Builder: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

Site Information

Is an annual inspection required? \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied - Reason: \_\_\_\_\_

Building Inspector \_\_\_\_\_