



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 _____