PHILADELPHIA WATER DEPARTMENT

PERMIT APPLICATION FOR BACKFLOW PREVENTION ASSEMBLY INSTALLATION

0 0	New Structure	Existing Struc	cture	0	Account #		
					Plan No. /	Permit No. :	
NAME OF FACILITY:					TYPE OF FACILITY:		
ADDRESS:					ļ		ZIP CODE:
FACILITY COI	NTACT PERSON:				TEL:		
ITLE: FAX:							
MAILING ADDRESS:							ZIP CODE:
<u>I</u>	IST OF NEW BACK	KFLOW PR	EVE	ENTION ASSEM	IBLY IN	ISTALLATIO	<u>ONS</u>
SERVICE	LOCATION OF	TYPE		ASSEMBLY		MODEL	SIZE
(DS, FS)	ASSEMBLY	(DC, RP)	M	IANUFACTURER	MODEL	(INCHES)	
		**BILLING AC	CCOU	JNT or METER #:	1		
		**DILLING	2001	DIE MEET "			
	**BILLING ACCOUNT or METER # :						1
		**BILLING AC	CCOI	JNT or METER # :			-
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**BILLING ACCOUNT or METER				JNT or METER #:			
		**BILLING AC	CCOU	JNT or METER #:	·		
		**DILLING A	2001	JNT or METER # :			
		BILLING AC	2000	JNI OF MEIER#:			
		**BILLING AC	CCOU	JNT or METER # :	ļ		
NAME OF CERTIFIED TECHNICIAN:			CER'	ΓΙΓΙCATION #:	TEL. & F	TEL. & FAX. :	
SIGNITURE OF CERTIFIED TECHNICIAN:					ı	DATE:	
		EXAMI	NER	'S APPROVAL		•	
SIGNITURE OF EXAMINER:		DATE:		SIGNITURE OF INSPECTOR:			DATE:

LEGEND:

DS = DOMESTIC SERVICE

FS = FIRE SERVICE

**MUST BE COMPLETED

DC = DOUBLE CHECK VALVE BACKFLOW ASSEMBLY

RP = REDUCED PRESSURE ZONE BACKFLOW ASSEMBLY