

# APPLICATION FOR APPROVAL OF BACKFLOW PREVENTION DEVICES

**ATTACH FEE TO FORM: \$350 PER SERVICE CONNECTION**

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES

Please complete items 0 through 13.

1. Name of Facility:		0. Block #	0a. Lot #	FOR DEPARTMENT USE ONLY	
		2. County:	0b. Tentative Lot #		
3. Exact Location of Facility; i.e., Street Address:					
3a. City	3b. State New York	3c. Zip	4. Contact Person:	4a. Phone Number(s):	
5. Location of Device(s): (Attach additional sheets if required)				6. Manufacturer, Model No. and Size of Device(s):	
5a. # of Fire Services:	5b. # of Domestic Services:	5c. # of Combined Services:	5d. Total # of Services:	5e. Total # of Buildings:	
7. Name, Title & Phone No. of Property Owner:  Full Mailing Address:    Owner's Signature: _____ Date: _____			8. Type of Submission		
			<input type="checkbox"/> As Built <input type="checkbox"/> Initial Device Installation <input type="checkbox"/> Replace Existing Device		
			8a. <input type="checkbox"/> New Service <input type="checkbox"/> Existing Service		
			8b. <input type="checkbox"/> New Building <input type="checkbox"/> New Extension <input type="checkbox"/> Major Renovation <input type="checkbox"/> Existing Building		
9. Print Name and Address of Design Engineer or Architect:  _____  _____  _____  Original Ink Signature & Seal Required on both copies.			10. NYS License #:  <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other		
			10a. Telephone #:		
			10b. FAX #:		
			10c. Date:		
11. Water System Pressure (psi) at Point of Connection: Max _____ Avg _____ Min _____		12. Estimated Installation cost:		10.d EMAIL:	
13. Degree of Hazard: <span style="float: right;">List of Processes or reasons which lead to degree of hazard checked:</span>					
<input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous with Hazardous Fixtures <input type="checkbox"/> Aesthetically Objectionable					
14. Public Water Supply Name: NEW YORK CITY			Name of Supplier's Designated Representative:		
Mailing Address:			Selim Andrawis, P.E.		
NYC - DEP			Title: Cross-Connection Control Unit		
Bureau of Water & Sewer Operation			The degree of hazard shown in (13) above is in conformity with the latest DEP Cross Connection Control Risk Assessment		
Cross-Connection Control Unit					
3rd Floor Low-Rise					
59-17 Junction Boulevard Flushing, NY 11373					
Telephone No.: (718) 595-5463			Signature:*		Date: _____
Facsimile No.: (718) 595-5252			* Your signature endorses proposal		

NOTE: Two copies of this form and two copies of all plans, specifications and supporting materials must be submitted to:  
New York City, Department of Environmental Protection, Bureau of Water & Sewer Operations,  
Cross-Connection Control Unit, 3rd Floor Low-Rise, 59-17 Junction Boulevard, Flushing, NY 11373.