



Building Inspection Division
 409 S Main Street
 Harrisonburg VA 22801-7531
 Tel: 540-432-7700 Fax: 540-432-7777

BACKFLOW DEVICE PERMIT APPLICATION

Owner Information:

Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____
 Email: _____

BACKFLOW PREVENTION DEVICE LOCATION:

Address: _____
 Location on Premises: _____

BACKFLOW PREVENTION DEVICE INFORMATION:

MFG/MAKE: _____ Model: _____
 Serial No: _____ Size: _____

Is this a new or replacement device? New Replace

Did the device being replaced fail inspection?

Yes No

Failed device serial #: _____

SYSTEM TYPE:

- Boiler Domestic Fire Suppression
- Fire Bypass Meter HVAC Lawn Irrigation
- Swimming Pool Other: _____

IMPORTANT INFORMATION

For **new installations**, inspections must be performed by a licensed third party inspector at the initial installation of the assembly and before water service is supplied thru the device. **Existing installations** will comply with the annual testing requirements. **Annual testing shall be performed as outlined in the Virginia Maintenance Code.**

Backflow Device Permit No: _____
Master Fire/Plumbing Permit No: _____
Contractor's DPOR Registration: _____
License Class: _____
Harrisonburg Business License Number: _____

Does this system use any chemicals, such as glycol?

No Yes Chemical Type: _____

Hazard Category:

- Low (Involves substance that constitutes a nuisance & results in only reduced aesthetic qualities of the water.)
- Medium (Any low hazard with low probability of becoming a severe hazard.)
- High (Water with additives or substances that, under any concentration, can create a danger to health.)

Check Type:

- Double check valve assembly
- Double Check Valve Assembly for Fire Protection
- Double Check Valve Detector Check Assembly
- Pressure Vacuum Breaker
- Spill Resistant Pressure Vacuum Breaker
- Reduced Pressure Principal
- Reduced Pressure Principal LE for Fire Protection Sys.
- Single Check Valve Assembly for Fire Protection Sys.

Brief Description and Remarks:

Fee: _____ State Levy: _____ Total: _____

Applicant Signature _____

Date: _____

Building Division Signature:
