



APPLICATION FOR BACKFLOW PREVENTION PERMIT

Application Date: ____/____/____ Permit Expires: ____/____/____

Permit No.: _____

Include Certificate of Liability Insurance and appropriate fees. Fees must be paid by cash (exact amount) or check payable to the City of Trotwood.

PROJECT INFORMATION	
Location of Project (Street Address): _____	
Expected Certification Date _____	Number of Devices @ This Address _____
OWNER/PROPERTY INFORMATION	
Name of Owner (Printed) _____	Owner's Phone No. _____
Name of Business _____	
Business Street Address _____	
City _____	State _____ Zip Code _____
PLUMBER INFORMATION	
Company Name (Printed) _____	Phone No. _____
Name of Applicant (Printed) _____	Alternate Phone No. _____
Plumber's Street Address _____	
City _____	State _____ Zip Code _____
FOR OFFICE USE ONLY	
Permit Fee: \$35.55 per device x ____ devices = \$_____ Total <input type="checkbox"/> Cash <input type="checkbox"/> Check, Check No. _____	
Insurance: <input type="checkbox"/> On File	Expiration Date: _____
Received By (Signature) _____	Date _____
Approved By (Signature) _____	Date _____
Comments: _____	

Once you have obtained and paid for this permit, we will provide you with the Backflow Prevention Test Report form, which should be completed and returned to us at the address below.