



**DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER AND SEWER OPERATIONS  
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 #	<b>FOR DEPARTMENT USE ONLY</b>	
3. Exact Location of Facility; i.e., Street Address:			2. County:	0b. Tent. Lot		
3a. City	3b. State	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
9. Print Name and Address of Design Engineer or Architect:						
Original Ink Signature & Seal Required on both copies.						
11. Water System Pressure (psi) at Point of Connection: Max: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> Avg: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span> Min: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span>			12. Estimated Installation Cost:			8a. <input type="checkbox"/> New Service <input type="checkbox"/> Exist. Service
13. Degree of Hazard: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous with Hazardous Fixtures <input type="checkbox"/> Aesthetically Objectionable  List of Processes or reasons which lead to degree of hazard checked: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>						8b. <input type="checkbox"/> New Building <input type="checkbox"/> New Extension <input type="checkbox"/> Major Renovation <input type="checkbox"/> Existing Building <input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
						10. NYS License #: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> <input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other
						10a. Telephone # <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> 10b. Date <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
10c. EMAIL <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>						
14. Public Water Supply Name: NEW YORK CITY  <b>Mailing Address:</b> NYC-DEP Bureau of Water & Sewer Operations Cross-Connection Control Unit 3rd Floor Low Rise 59-17 Junction Boulevard Flushing, NY 11373 <b>Telephone No.:</b> (718) 595-5463			<b>FOR DEPARTMENT USE ONLY</b> Name of Supplier's Designated Representative: Mark Safari, P.E. Title: Cross-Connection Control Unit The degree of hazard shown in (13) above is in conformity with the latest DEP Cross Connection Control Risk Assessment Signature: * <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px;"></span> Date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>  *Your Signature endorses proposal			

NOTE: Two copies of this form, two copies of all plans, engineering reports and supporting materials must be submitted to:

New York City, Depart of Environmental Protection, Bureau of Water & Sewer Operations,  
Cross-Connection Control Unit, 3rd Floor Low-Rise, 59-17 Junction Boulevard, Flushing, NY 11373.