

COZ PROJECT

Application for Backflow Installation

Services Performed

<b>BACKFLOW</b>	Permit No.	Date Received	
Plumbing Contractor:			
Address (number and street)			
City	State	Zip	
Phone Number	Plumbing Contractor's Registration No.		

I agree to install the plumbing in accordance with the plans as approved by the Board of Health. I further agree to call for inspection(s) as required by the board and section 4101:3-1 thru 4101:3-13

Signature of Plumbing Contractor

JOB SITE INFORMATION

Street Address of Job			
City	Township		
Building Owner's Name			
Building Owner's Address			
City	State	Zip	
Building Type: <input type="checkbox"/> New <input type="checkbox"/> Existing			

Application Fee .....\$150.00

Penalty for installing plumbing prior to permit .....(\$150.00)

Permit left dormant for more than one year are subject to review and revocation

**All highlighted areas must be completed**

		Total Fixtures	
<b>Application</b>			<b>\$150.00</b>
02	Backflow \$20.00 each		
011	Thermal Expansion \$20.00 each		
028	Pressure Reducing Valve \$20.00 each		
<b>Total</b>			

<b>Inspections</b>
Final _____
_____
Reinspection _____
_____

**MUST HAVE BACKFLOW TEST PAPER ON JOB SITE,  
AT TIME OF INSPECTION**