

PERMIT FOR BACKFLOW PREVENTION ASSEMBLY INSTALLATION

Please fill out only one permit per address for all assemblies to be installed. This is a <u>No Fee Permit</u> at this time. Mail this form to the address above with Attention: KC Ferres or scan and e-mail to kferres@ci.the-dalles.or.us

Date of Application:			
Name of Company Installing the Assembly:			
Contact Name:			
Contact Cell Phone:	()	Other Contact Phone:	()
Address Where Assembly will be Installed: Owner of Building at the Address Where Installed:			
Owner Cell Phone:	()	Other Owner Phone:	()
Owner Mailing Address (if different than above):			
All equipment or system(s) that require(s) backflow prevention assembly installation:			
For City Use Only			
Date Application Received:		Date of Inspection Before Installation:	
Level of Hazard:		Assembly Type:	
Date Permit Issued:		Date of Inspection After Installation:	
Specialist are required unde	er General Ordinance N flow prevention assemb	e City of The Dalles Cross (lo. 13-1329 before the City obly. Receipt of passing test r	of The Dalles will accept
Signature		Date	
☐ Thermal expansion info	rmation provided	☐ Thermal expansion inf	formation not needed
Date:			
In case of questions, please KC Ferres, CCC Specialist		06-2013 Cell Phone (541) 9	980-3509