

# CHARLOTTE WATER BACKFLOW PREVENTION SERVICE APPLICATION

Information on this form will be used to consider approval of the proposed backflow preventer (BP) installation(s) required by Article V of Chapter 23 in Charlotte City Code for the subject water services. Providing inaccurate information or changes in water-use activities at the site may result in changing the BP installation(s). Inadequate information will necessitate requiring the installation of a reduced pressure principle BP. **If submitting plan drawings to Meck. Co. Code Enforcement for permitting, this form must accompany the plans.** For assistance contact Plan Review section, call 704-336-2997 or 704-432-6008 or 704-432-2794 or 704-432-5163.

**PROJECT ADDRESS**

Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Project Name & Description (i.e. Brookshire Place- Shopping Center, Doctor's Office) \_\_\_\_\_

**PROPERTY OWNER**

FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 STREET \_\_\_\_\_ PHONE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**LICENSED CONTRACTOR**

CONTACT PERSON (S) \_\_\_\_\_ LICENSE TYPE:  Plbg. / Fire  Utility  Irrigation  
 COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
 STREET \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YES or NO

YES  NO ARE TOXIC CHEMICALS USED IN YOUR OPERATION? EXPLAIN: \_\_\_\_\_

YES  NO ALTERNATE WATER SOURCE AVAIL.? SOURCE: \_\_\_\_\_ USED FOR: \_\_\_\_\_

**DOMESTIC/COMBINATION or POOL SYSTEM**

Not Applicable

**Meter Size:** \_\_\_\_\_ **Check:**  New or  Existing

YES or NO

CHEMICALS ADDED, INJECTED, OR ASPIRATED INTO THE SYSTEM (i.e. SANITIZER, POOL, DECORATIVE FOUNTAIN)  
 LIST: \_\_\_\_\_

SYSTEM USED TO MIX CHEMICALS  
 LIST: \_\_\_\_\_

TANKS, LINES OR VESSELS CARRYING SEWAGE, TOXIC OR RADIOACTIVE SUBSTANCES  
 LIST: \_\_\_\_\_

SEWAGE PUMP, WATER-OPERATED SUMP EJECTOR

NONPOTABLE RECIRCULATING WATER SYSTEM (i.e. BOILER, CHILLER, COOLING TOWER, BAPTISMAL POOL)  
 LIST: \_\_\_\_\_

SERVICE FOR WATER FRONT FACILITIES OF ANY TYPE

BOOSTER PUMP OR PRESSURE WASHER

ANY PIPING (50) FIFTY FEET ABOVE METER PIPING NUMBER OF FLOORS IN FACILITY: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

OTHER NON-DOMESTIC WATER-USING EQUIPMENT  
 LIST: \_\_\_\_\_

TENANT OCCUPANCY IN PART OF THE FACILITY (i.e. ANY LEASED SPACE?)

*Complete all items that apply to each water system involved in the backflow preventer installation(s).*

**FIRE PROTECTION SYSTEM**

Not Applicable

**Fire Line Size:** \_\_\_\_\_ **Check:**  New or  Existing

YES or NO

**Fire Pump:**  Yes or  No  New or  Existing

SEPARATE METER if no BRANCH SIZE: \_\_\_\_\_

SERVES HYDRANT ONLY

FIRE SPRINKLER SYSTEM

GLYCOL OR OTHER CHEMICALS ADDED IN PART OF SYSTEM

WATER STORAGE TANK OR RESERVOIR  
 LIST: \_\_\_\_\_

**IRRIGATION SYSTEM**

Not Applicable

**Meter Size:** \_\_\_\_\_ **Check:**  New  Existing  
 Branch off Domestic Line

**Type Connection:**  Dedicated Serv. or  Residential Split Serv.

YES or NO

INJECTION OR ASPIRATION OF CHEMICALS (i.e. FERTILIZER, HERBICIDE, PESTICIDE, ETC.)  
 SYSTEM USED TO MIX CHEMICALS W/ WATER

BOOSTER PUMP

WATERFALL, DECORATIVE FOUNTAIN, POND

The undersigned hereby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for approval and inspection of the backflow preventer installation (s) described and agrees to comply with all applicable laws regulating the work.

**FOR CLTWater USE ONLY:** Proj. # \_\_\_\_\_

DOM: Premise # \_\_\_\_\_ Banner Tap # \_\_\_\_\_  
 RP  DC  A/G  B/G  INSIDE  
 Mtr# \_\_\_\_\_

FIRE: Premise # \_\_\_\_\_ Banner Tap # \_\_\_\_\_  
 RP  DC  A/G  B/G  INSIDE  Not Req'd.  
 Mtr# \_\_\_\_\_

IRRIG: Premise # \_\_\_\_\_ Banner Tap # \_\_\_\_\_  
 RP  A/G  B/G  INSIDE  
 Mtr# \_\_\_\_\_

Plan Apprv. Date: \_\_\_\_\_ Applic. Date: \_\_\_\_\_ Assess. Date: \_\_\_\_\_

INIT. \_\_\_\_\_ TOPO \_\_\_\_\_ TAX PAR# \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINT NAME & PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_