



**Town of Oriental**  
**Backflow Preventer Permit Application**  
**Department of Public Works**  
**Cross Connection Control**

Backflow Inspection Request  
 Tel: (252)249-0555

Permit Number:

Company I.D.:

Mailing Address (& Office Location): 507 Church Street, Oriental, NC 28571

**SECTION I: OWNER INFORMATION**

Service Address:		Project Name:	
Property Owner/Contact Person LAST NAME:		FIRST NAME:	MI:
Owner's/Contact's Mailing Address:		City:	State: Zip:
Owner's/Contact's Day Phone:	Fax:	Other Phone:	Email Address:

**SECTION II: INSTALLER INFORMATION**

Company Name:		Name of Contact Person:	
Company Address		City:	State: Zip:
Day Phone:	Fax:	Other Phone:	Email Address:
Contractor License Number:		Contractor Client ID Number:	
Plumber Permit Number:			
NC State Contractor License Type: <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Utility			
Type of Project: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> BP not previously found (NO CHARGE) <input type="checkbox"/> Backflow Replacement			
Type of Occupancy: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial		Serial Numbers:	

**SECTION III: BACKFLOW PREVENTER INFORMATION**

CA <input type="checkbox"/> CASH	CK <input type="checkbox"/> Check Number:	CG <input type="checkbox"/> Credit Charge	CC <input type="checkbox"/> Credit Card	NA <input type="checkbox"/> Not Applicable
Number of Backflow Preventers to be installed by this permit:			@ \$50.00 each = \$	
In-line testable backflow preventer(s) will be installed for:				
<input type="checkbox"/> Boiler	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Chiller	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> De-ionized Water
<input type="checkbox"/> Domestic Water	<input type="checkbox"/> Fire Protection – RPDA	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Reverse Osmosis System	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Other(s): LIST HERE				

**NOTICE: YOU ARE REQUIRED TO REPORT THIS WORK WHEN READY FOR INSPECTIONS. ALL WORK MUST BE DONE IN ACCORDANCE WITH TOWN OF ORIENTAL REQUIREMENTS.**

**CONTRACTOR OR CUSTOMER MUST CALL (252)249-0555 FOR PERMIT APPLICATION NUMBER.**

Requested By ( <i>Print Name</i> ):	Signature:	Date:
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