



Planning & Development

Building Inspection Division
397 Queen Street
Fredericton, NB E3B 1B5
Phone: 460-2020 / Fax 460-2126

APPLICATION FOR BACKFLOW PREVENTOR PERMIT

APPLICANT INFORMATION

Date: _____

Company: _____

Last Name: _____ First Name: _____

Civic: _____ Street: _____ P.O. Box _____

City: _____ Province: Postal Code: _____

Phone: Work: _____ Home: _____ Cell: _____

Email: _____

PROJECT DETAILS

Civic Address: _____

Property Owner: _____ Phone: _____

Structure Type: _____ (Ex. Single family, semi-detached, duplex, deck, etc.)

Type of Work: _____ (Ex. New, Renovation, Addition, etc.)

Description of Work:

Cross Connection Control:

	Quantity	Cost	Total
Backflow Preventors:			
Double Check Valve	_____	\$20.00	_____
Pressure Vacuum Breaker	_____	\$20.00	_____
Reduced Pressure	_____	\$20.00	_____
CCC Total			_____
Admin Fee			<u>\$50.00</u>
TOTAL			_____

Owner/Owner's Agent Signature

Print