ORANGE COUNTY DEPARTMENT OF HEALTH
124 Main Street – 3rd Floor
Goshen, NY 10924

Application for Approval of Backflow Prevention Devices

PRINT OR TYPE ALL ENTRIES EXCEPT SIGNATURES	Section/Block/Lot:	*FOR OCDOH USE ONLY CGN:*
1. Name of Facility	2. City/Village/Town:	3. County ORANGE

4. Address of Facility (street)	city	state	zip code

5. Proposed Backflow Prevention Device(s): Total Number of Devices: _____	5a. QTY	5b. Mfg. Model #	5c. Size of Device(s)	5d. Fire or Domestic	5e. Degree of Hazard, i.e. Hazardous, Aesthetically Objectionable, etc. (list processes or reasons that lead to degree of hazard identified)	5f. Approx. Location of Device

5g. Additional Description/information:

6. Name of Owner/Applicant, Title	6a. Phone Number	7. Nature of Works ☐ Initial Device Installation ☐ Replace Existing Device
6b. Owner/Applicant Full Mailing Address: _____ (street) _____ (city, state, zip code) Owner/Applicant **Signature:** Date: ___/____/___		7a. ☐ New Service ☐ Existing Service 7b. ☐ New Building ☐ Existing Building ☐ Major Renovations
6c. Applicant's E-mail address:		

8. Name of Design Engineer or Architect	Name: _____ Firm: _____ Full Mailing Address: _____ (street) _____ (city, state, zip code)	8a. NYS License # _____ ☐ PE ☐ RA ☐ Other 8b. Telephone Number 8c. E-mail address
Original ink signature and seal required on all copies **Signature:** _____		Date of Signature: ___/____/___

9. Water System Pressure (psi) at Point of Connection: Max_____ Avg _____ Min _____	10. Estimated Installation Cost:	10a. Estimated Design Cost:

11. Public Water Supply Name: _____ PWS ID#: NY ___ ___ ___ ___ ___ ___ ___ Mailing Address: _____ _____ Telephone No:	11a. Name of Water Supplier's Designated Representative: _____ Title: _____ **Signature:** Date: ___/____/___

Note: All applications must be accompanied by plans, specifications, review fee, and an engineer's report describing the project in detail. The project must first be submitted to the water supplier, who will complete Sections 11 and 11a and forward it to the Orange County Department of Health. Appropriate fee and submittal checklist can be found on the website: https://www.orangecountygov.com/539/Applications-Forms-Permits-Documents