



Regulatory Department

14222 W. McDowell
Goodyear, AZ 85395
Phone: 623-256-4652

Jose.Pena@libertyutilities.com

Permit #: _____

For Official Use Only

Backflow Permit Application

Project Information

Submittal Date: _____ Revision: No _____ Yes _____ Existing Permit #: _____

Project Name: _____ Project Valuation/Square Footage: _____

Project Address: _____ Suite/Lot #: _____ Parcel #: _____

Brief description of work to be performed: _____

Trust Account Holders: Payment to be taken out of trust account: No _____ Yes _____ Trust account #: _____

Application Contact: _____ Phone number: _____ Email: _____

Owner or Tenant Information

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Information

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor Information

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Goodyear Business License #: _____ AZ State License #: _____ AZROC #: _____

Inspection Contact: _____ Phone number: _____ Email: _____



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Water Meter Number: _____ Account # _____

Existing Backflow Assembly: RP ____ RPDA ____ DC ____ DCDA ____ PVB ____ AIR GAP ____

Application of existing Backflow Assembly: _____

Proposed Backflow Assembly: RP ____ RPDA ____ DC ____ DCDA ____ PVB ____ AIR GAP ____

What is this Backflow Assembly supplying water to? _____

Are there any pumps Downstream of Assembly? Yes: ____ No ____

Are there any vats: Yes ____ No ____

Are there any chemical feed lines: Yes ____ No ____

Is this supply line providing water more than 12 consecutive hours: Yes ____ No ____

Height of building: _____ FT

Comments: _____

Print Name: _____ Signature: _____ Date: _____



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Backflow Permit

Contractor Information

Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Project Information

Project Name: _____ Project Address: _____

Project Account #: _____ Meter Number #: _____

Approved Backflow Assembly: RP ____ RPDA ____ DC ____ DCDA ____ PVB ____ AIR GAP ____

Size of assembly: _____"

Comments: _____

Backflows must be tested annually unless required more frequently by Water Authority

Test reports must be submitted to BSIonline.com within 5 days of testing the assembly or test will be null and void and must be retested with a Liberty Utilities representative present.

Print Name: _____ Signature: _____ Date: _____