

# BACKFLOW PREVENTION & SPECIAL DEVICE FORM



Bedminster Township Construction Department  
 One Miller Lane  
 Bedminster, NJ 07921  
 Telephone 908 212-7012

**Fee \$85** first device  
 (\$25 for each additional device  
 in the same building.)

Property Owner Name or Business		Block #	Lot #
Property Street Address			
Contact Person			
Mailing Address (if different from above)			
Business Phone (if business)	Fax #	Cell Phone	

Device Information: Supply test data from qualified, licensed agency for each device.	Office Use Only																																	
<table style="width: 100%;"> <tr> <th style="width: 30%;">Type of Device:</th> <th style="width: 40%;">Number of Devices:</th> <th style="width: 30%;">Exact Location:</th> </tr> <tr> <td><input type="checkbox"/> Backflow Preventer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Fire Sprinkler System</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Irrigation System</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Refrigeration System</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> High Pressure Boiler</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Pressure Vessels</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Swimming Pool</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>Total Fee</b></td> </tr> </table>	Type of Device:	Number of Devices:	Exact Location:	<input type="checkbox"/> Backflow Preventer	_____	_____	<input type="checkbox"/> Fire Sprinkler System	_____	_____	<input type="checkbox"/> Irrigation System	_____	_____	<input type="checkbox"/> Other _____	_____	_____	<input type="checkbox"/> Refrigeration System	_____	_____	<input type="checkbox"/> High Pressure Boiler	_____	_____	<input type="checkbox"/> Pressure Vessels	_____	_____	<input type="checkbox"/> Swimming Pool	_____	_____	<input type="checkbox"/> Other _____	_____	_____	<b>Total Fee</b>			<b>Fee:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____
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Received By:	Date Received:	Amount Received:	Cash _____ Check _____
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Reviewed By:	Date Reviewed	Construction Official Signature	Certificate Issued
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