

For Use by City of Waterloo Staff	
Approved:	Date:
Permit Number:	Date Issued:

Property Information	
Street Address:	
Municipality:	Postal Code:
Purpose of Installation(s)	
Owner Information	
Last name	First Name
Corporation	Applicant name
Street Address:	
Municipality:	Postal Code:
Primary Telephone:	Email:
<input type="checkbox"/> Check here if building or property is managed by a third party and include name and telephone number below	
Backflow Preventers will be Installed by	
Company name	Plumber (if known)
Telephone:	Email:
<input type="checkbox"/> I acknowledge these devices may only be installed by a professional approved by the City of Waterloo	
Declaration	
I, _____ certify that:	
(print name)	
<ol style="list-style-type: none"> 1. The information contained in this application and all attachments is true to the best of my knowledge 2. I will grant the Backflow inspector access to all areas of the building in which testable or non-testable devices have been installed under this permit 	
_____	_____
(date)	(signature)