

**BACKFLOW PERMIT/ REGISTRATION FORM**

*City of Wentzville*

200 E. Fourth Street  
Wentzville, MO 63385  
636-327-5102 or 636-332-5102  
Fax 636-327-4892

PERMIT NO. \_\_\_\_\_  
(Cash Collection: 300.3018)

One Permit Application Required For Each Backflow Device

**CONTRACTOR**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_

**Residential Backflow:**

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location Of Backflow on/in Property: \_\_\_\_\_

**Commercial Backflow:**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Property Owner Name & Mailing Address: \_\_\_\_\_  
Location of Backflow in Facility: \_\_\_\_\_

**BACKFLOW REGISTRATION INFORMATION**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Type of Device:  RP  DC  AG

Classification:  Food Service  Non-Food Service  Residential

Type of System:  Plumbing/Water Service  Process/Auxiliary Service

Fire Suppression  Lawn Irrigation

Application:  Containment  Isolation

APPLICANT:  CONTRACTOR  PROPERTY OWNER Cost of Construction \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Phone Number

**FOR OFFICE USE ONLY**

Plan Reviewer: \_\_\_\_\_ Issue Date: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_