



TOWN OF LILLINGTON BACKFLOW PREVENTION PERMIT FOR A NEW BUSINESS

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546
• phone 910-893-0311 • fax 910-893-3693
lillingtonnc.org

APPLICANT INFORMATION:

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner (if different from applicant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PROJECT TYPE:

Property Address of New Business: _____

Name of New Business: _____

Is there a backflow preventer on site already? If no, one will have to be installed. See the contractor's list in the "Backflow Prevention Program" brochure. If yes, where? _____

SIGNATURE:

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, with the understanding that any incorrect information submitted may result in the revocation of this application.

Print Name

Signature of Owner or Representative

Date

For Office Use Only

Existing backflow preventer on site? _____ Yes _____ No

Date of BFP Installation: _____ Contractor: _____ (attached certification)

Annual Recertification Date: _____ Contractor: _____ (attached recertification)

Meter Installation Date: _____

Lillington Public Works Signature: _____ Date: _____