

CROSS CONNECTION PERMIT APPLICATION

PLEASE PRINT

CC Permit No. _____

Job Address: _____ Bld Permit # (if applicable): _____

Owner: _____ Phone Number: _____

Contractor Performing Installation: Company Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Name of Certified Tester: _____

Certified By: _____ Cert No: _____

Johnson County Plumbing License #: _____

JOB DESCRIPTION

Backflow Device for: (ie irrigation, exact appliance, fire suppression) _____

Backflow Device Make/Model: _____ Define Type: (ie RPZ) _____

Where will Inspector Find Device Installed: _____

If irrigation system, will lines/sprinkler heads be placed in right-of-way? _____
(If YES, be sure to attach a copy of Public Works release statement NOTARIZED)

A **Backflow Device Test Report** must be completed and placed in the plastic hangtag bag provided. When complete **Call 913-971-8574 for Inspection** verification and retrieval of the test report. If an inspection is not requested, this permit will remain in an active status. Annual tests are required and you will receive a letter from the Utilities Division as a reminder. Please forward all annual tests to Olathe Municipal Services- Utilities Department; 1385 S Robinson; Olathe, KS 66061. If you have any questions regarding annual testing contact 913-971-9311.

I hereby affirm that the information contained herein is true and correct to the best of my knowledge and agree to conform to all the regulations of the CITY OF OLATHE covering this type of permit. I understand failure to comply with these provisions may result in the revocation of the permit.

Applicant – Company Name: _____ Signed: _____

Address: _____ City: _____ ST _____ Zip _____

Phone No (____) _____ Date: _____