

Replacement of Existing Backflow Prevention Devices

51a

Buildings and/or structures serviced by the City of Bothell Water Department require, from time to time, replacement of backflow prevention devices. Replacement of in-kind backflow prevention devices will require a property owner to obtain a permit prior to replacement of the device(s).

This intake checklist identifies minimum application elements necessary for the City of Bothell to accept the application. Should any of the following minimum items not be provided, the application will not be accepted at the counter. Acceptance of an application deems it complete.

Applicant: Check each box under the Applicant heading on this checklist to confirm items are included in your submittal. A Permit Technician will check off each box under Staff when the item is confirmed to be included in the submittal package. *If you think an item is not applicable to your project, you must contact the appropriate department prior to your intake appointment to have the items initialed as not required.*

Development Services permit application requirements per BMC 11.06.002

An application shall consist of all materials required by the applicable development regulations for the specific permit(s) sought, and shall include the following general information:

Applicant	Staff
<input type="checkbox"/> A completed & signed Permit Application form.....	<input type="checkbox"/>
<input type="checkbox"/> Legal Description and Assessors Parcel Number	<input type="checkbox"/>
<input type="checkbox"/> Development Review Billing Form (Form D).....	<input type="checkbox"/>
Site Plan	
<input type="checkbox"/> Location of existing backflow preventer(s), both premise and in-premise devices	<input type="checkbox"/>
<input type="checkbox"/> Show the address of each existing building(s)	<input type="checkbox"/>
Construction Plan	
<input type="checkbox"/> Installation details for each backflow preventer (to meet City of Bothell's Design and Construction Standards)	<input type="checkbox"/>

Applicant: Complete where applicable.

Plumbing Contractor (CON) _____			
Mailing address _____	City _____	State _____	Zip _____
Phone (_____) _____	FAX (_____) _____	E-Mail: _____	
State license _____		exp. date _____	
Contractor's City of Bothell business license _____			

Fire Sprinkler Contractor (CON) _____			
Mailing address _____	City _____	State _____	Zip _____
Phone (_____) _____	FAX (_____) _____	E-Mail: _____	
State license _____		exp. date _____	
Contractor's City of Bothell business license _____			

