



RESIDENTIAL CROSS CONNECTION APPLICATION

Town of Burlington/DPW
Town Hall Annex - 25 Center Street
Burlington, MA 01803
Tel: 781-270-1670
Fax: 781-238-4695

LAWN SPRINKLER - New: Y N

LAWN SPRINKLER - Existing: Y N

SILLCOCKS: Y N

NEW SECOND METER: Y N

HOME OWNER INFORMATION

LOCATION OF METER: _____

PROPERTY OWNER: _____ TEL NO: _____

ADDRESS: _____

PLUMBER/CONTRACTOR INFORMATION

COMPANY NAME: _____ TEL NO: _____

ADDRESS: _____

CONTACT PERSON: _____ TEL NO: _____

PLUMBER'S EMAIL: _____

BACKFLOW PREVENTION DEVICE INFORMATION

MANUFACTURER: _____

TYPE*: _____ MODEL: _____

**If the device is a PVB, indicate the distance/clearance on your attached drawing.*

CROSS CONNECTION PLAN

ON REVERSE SIDE OF THIS SHEET, PLEASE PROVIDE A SCHEMATIC, USING ACCEPTED SYMBOLS AND NOMENCLATURE, DETAILING YOUR PROPOSED INSTALLATION. IT IS IMPORTANT THAT THE SCHEMATIC SHOW EITHER: (1) PRESSURE VACUUM BREAKER INSTALLATION - MUST HAVE A MINIMUM OF 12 INCHES ABOVE THE HIGHEST POINT OF WATER IN A SPRINKLER SYSTEM, OR (2) REDUCED PRESSURE ZONE BACKFLOW ASSEMBLY - ASSEMBLY MUST BE INSTALLED A MINIMUM OF 12 INCHES ABOVE GROUND LEVEL.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

APPROVED BACKFLOW DEVICE

NOTIFIED PLUMBER/HOMEOWNER

NOTIFIED PLUMBING INSPECTOR

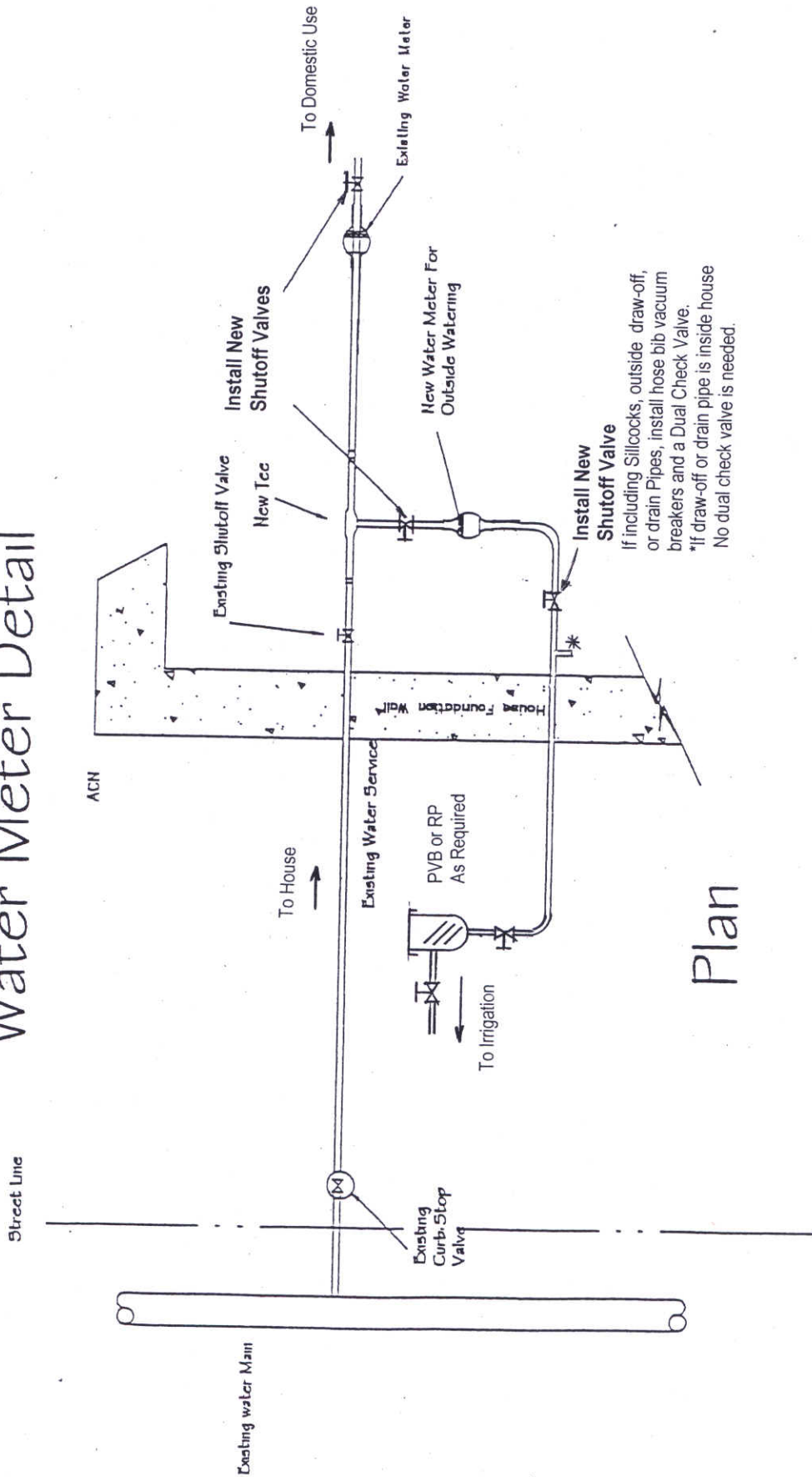
Date _____ Initials _____
Date _____ Initials _____
Date _____ Initials _____

Residential ONLY

"Irrigation"

(Second)

Water Meter Detail



Revised 5/31/11