



City of
Burnaby
Building Division, Planning and Development Department
2nd Floor, 4949 Canada Way, Burnaby, BC V5G 1M2
Phone: 604-294-7130 E-mail: permits@burnaby.ca

BACKFLOW PREVENTION DEVICE PERMIT APPLICATION

Application Date: _____

Customer Service Assistant: _____

This application must be completed in its entirety. If any fields are not complete, the application WILL NOT be processed.

For all applications received online an invoice will be e-mailed to the contractor and payment can be made online at:

<https://invoices.burnaby.ca/>

Section 1: Property Information

BUILDING PERMIT #: BLD	BPD	(Office Use Only)
SITE ADDRESS:		
TENANT NAME:		
Project Description:		

Section 2: Contractor Information

APPLICANT: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> HOMEOWNER			
COMPANY NAME:			
BUSINESS LICENSE: (Burnaby or IMBL):			
ADDRESS:			
CITY:		POSTAL CODE:	
PHONE NUMBER:		E-MAIL:	
PLUMBING INSTALLER NAME:		PLUMBING INSTALLER TQ:	
TYPE OF WORK: <input type="checkbox"/> New Installation <input type="checkbox"/> Replacement or Repair <input type="checkbox"/> Temporary Water Service <input type="checkbox"/> Decommission*			
OCCUPANCY: <input type="checkbox"/> New House <input type="checkbox"/> New multi-family <input type="checkbox"/> New Commercial			
<input type="checkbox"/> Existing House <input type="checkbox"/> Existing multi-family <input type="checkbox"/> Existing Commercial			

Section 3: Property Owner Information This information is mandatory for all permits.

PROPERTY OWNER NAME:	
ADDRESS:	
CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:

"I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this application is accurate. I acknowledge that the City is relying on this declaration for the issuance of permits. I further confirm that all work performed under this permit shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations."

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

Name (Print)

Signature

Date

A [Backflow Prevention Assembly Test Report](#) is to be provided in accordance with the testing process and procedures set out in the Canadian Standards Association Manual for Maintenance and Field Testing of Backflow Prevention Devices B64.10 and the City of Burnaby Plumbing Bylaw.

For further information please contact Cross Connection Control 604-294-7542 or by email at crossconnectioncontrol@burnaby.ca

BACKFLOW PREVENTION DEVICES

***The Serial number is mandatory if this permit is to decommission any existing backflow device(s).**

Type	*Serial Number	Size	Quantity	Location	Other

COMMENTS:
