

**Environmental Health Services Division**

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Seattle, WA 98104-1818

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[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

## BACKFLOW PREVENTION ASSEMBLIES PERMIT APPLICATION INSTRUCTIONS

**Project Location:** List the site address of the installation. Please include unit or suite numbers if applicable.

**Property Owner Name (s) and Phone:** The person or firm that owns the property and the phone number for them.

**Parcel Number:** The 10 digit property parcel number listed by the King County Assessor. This information should be on your latest property tax statement. If you do not know the number, you may contact the [Assessor's Office](#) or visit King County's [Parcel Viewer website](#) then enter in the full or partial street address in the field in the upper left corner of the website and pressing the Search button. This will display a clickable map outlining the property's boundaries. Next, click on the property highlighted in yellow to display basic information about the site including its Parcel Number.

**Building Type:** Single family is a single home/residence on a property that may also include an attached or detached garage or other accessory building on the property. Multi-family is any building containing multiple living units, such as a duplex, apartment or condominium. Buildings that do not contain living spaces are considered commercial. For buildings with mixed occupancies, such as retail spaces on one floor and living spaces on another are also considered commercial.

**Building Phase:** New buildings are considered new construction. Additions and remodels are considered alterations. A change-out of an existing backflow device or assembly is considered an alteration.

**Contractor Name, Phone & Registration Number:** If you are the contractor, please include your company name, phone and registration number. Staff will check for current contractor registration prior to permit issuance. If you are the owner and you intend to perform the work yourself you need only include your name or "same as above" to indicate such. (See "Signature of Applicant" below.) **Device/Assembly Description:** If you do not see the specific device or assembly listed in the table, you write it in the blank spaces.

**Applicant Name and Mailing Address:** This is the signature of the person who has filled out the application. By signing the application, you are thus indicating that you are either the owner, contractor or the authorized agent of the owner or contractor.

**Signature of Applicant:** This is for the signature of the person identified under "Applicant Name." By signing the application, the applicant is thereby indicating that they understand and will adhere to the rules and regulations governing contractor registration and plumber certification. For instance, if you are a property owner and you are paying for someone to perform the work, they must have a valid contractor registration and the person(s) installing plumbing inside a structure must meet the plumbing certification requirements. If you have any questions regarding these regulations, you may contact the Washington State Department of Labor & Industries or you can find more information online at <https://lni.wa.gov/licensing-permits/contractors/hiring-a-contractor>.



Service Req. ID \_\_\_\_\_

Permit Fee \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_

Permits can be purchased on-line at [www.kingcounty.gov/health/portal](http://www.kingcounty.gov/health/portal) or at the permit counters. For office locations and hours go to [www.kingcounty.gov/plumbing](http://www.kingcounty.gov/plumbing)  
Telephone: (206) 263-9566

## Application for Backflow Prevention Assemblies Permit

Project Location: \_\_\_\_\_  
Street Address Unit # City Zip Code

Property Owner Name (s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parcel Number

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Building Type: ☐ Commercial ☐ Single Family ☐ Multi-Family

Building Phase: ☐ New Construction ☐ Alteration

Contractor/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

State Labor & Industries Contractor Registration Number: \_\_\_\_\_ Check # \_\_\_\_\_

Permit Fees

1 Device/Assembly ..... \$140

2-3 Devices/Assemblies ..... \$210

4-6 Devices/Assemblies ..... \$298

7-10 Devices/Assemblies ..... \$333

Over 10 Devices/Assemblies ..... \$333 plus \$8 per each Device/Assembly thereafter

Device/Assembly Description	Device/Assembly Count	Fee
ATMOSPHERIC VACUUM BREAKER		
PRESSURE VACUUM BREAKER ASSEMBLY		
DOUBLE CHECK VALVE ASSEMBLY		
REDUCED PRESSURE BACKFLOW ASSEMBLY		
ASPIRATOR (includes soap/chemical dispensers attached to faucets)		
<b>TOTAL DEVICES OR ASSEMBLIES AND PERMIT FEE</b>		

Application Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contractor or Owner (or Authorized Agent)

Applicant Mailing Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND PLUMBER CERTIFICATION (RCW 18.106).