



Town of Hillsboro Beach Building Department
1210 Hillsboro Mile
Hillsboro Beach FL, 33062
Tel #954-427-4011 | Fax #954-427-4834

BACKFLOW RE-CERTIFICATION PERMIT APPLICATION AND INSTRUCTIONS

1. Complete the Broward County Building Permit Application. This Application Must Be Signed By The Property Owner and Contactor. The Signatures Must Be Notarized.
2. Complete the Backflow Device Test and Maintenance Form. **Submit with Building Permit Application.**
3. All Contractors **MUST** be registered with the Town of Hillsboro Beach and all credentials (Licenses, Insurance and Workers Compensation) **MUST** be current.
4. Applications may be submitted at the Town of Hillsboro Beach: 1210 HILLSBORO MILE, HILLSBORO BEACH, FL 33062 or Online at HBONLINE@CGASOLUTIONS.COM. The Building Department is Open Monday-Friday 7:30 A.M. - 4:00 P.M.

If you have any questions concerning this application,
Please contact the
Building Department
954-427-4011
building@townofhillsborobeach.com
www.townofhillsborobeach.com



Town of Hillsboro Beach
BACKFLOW DEVICE TEST & MAINTENANCE REPORT

Building Permit #: _____

Water Meter #: _____

Meter Size: _____

Service Size: _____

Inlet Pressure: _____

PLEASE PRINT

Name of Premise: _____

Street Address: _____ Device Location: _____

Contact Person: _____ Title: _____

Address: _____ Telephone Number: _____

Type of Device: RP DC PVB DDC Size: _____ Manufacturer: _____

Model Number: _____ Serial Number: _____

Installed to Specifications: _____ Riser Material: _____ Clearance _____ inches

Pressure Drop Across First Check Valve: _____ PSI:

Time Tested: _____ AM _____ PM

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
Initials Test	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	Opened at _____ PSI <input type="checkbox"/>	Air Inlet Opened at _____ PSI <input type="checkbox"/>
	2. Closed Tight <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Check Valve: <input type="checkbox"/>
	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Rubber Parts Kits <input type="checkbox"/>	Rubber Parts Kits <input type="checkbox"/>	Rubber Parts Kits <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
	C.V. Assem. <input type="checkbox"/>	C.V. Assem. <input type="checkbox"/>	R.V. Assem. <input type="checkbox"/>	<hr/>
	OR <input type="checkbox"/>	OR <input type="checkbox"/>	OR <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced: <input type="checkbox"/>
	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	C.V. Assem. <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Disc Air Inlet <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc C.V. <input type="checkbox"/>
	Stem/Guide <input type="checkbox"/>	Stem/Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>
Retainer <input type="checkbox"/>	Retainer <input type="checkbox"/>	Other <input type="checkbox"/>	Guide <input type="checkbox"/>	
Lock Nuts <input type="checkbox"/>	Lock Nuts <input type="checkbox"/>		Retainer <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		O-Rings <input type="checkbox"/>	
				Other <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	Opened at _____ PSI <input type="checkbox"/> Reduce Pressure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>

NOTE: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.

Remarks: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company: _____

Initial Test By: _____ Test Date: _____ Certified No: _____ Cert. Exp. Date: _____

Repaired By: _____ Repair Date: _____ Certified No: _____ Cert. Exp. Date: _____

Final Test By: _____ Test Date: _____ Certified No: _____ Cert. Exp. Date: _____

Device Installed By: _____ Address: _____

Telephone Number: _____ Email: _____

Testing Period Required: _____
(To be filled out by City)

APPROVED BY: _____
City Plumbing Official

DATE: _____

**FORM MUST BE COMPLETED IN ITS ENTIRETY
 A COPY MUST BE SUBMITTED WITH THE PERMIT**

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____		Unit: _____	City: _____	
	Tax Folio No.: _____	Flood Zn: _____	BFE: _____	Floor Area: _____	Job Value: _____
	Building Use: _____		Construction Type: _____		Occupancy Group: _____
	Present Use: _____		Proposed Used: _____		
	Description of Work: _____				
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____				
	Legal Description: _____				<input type="checkbox"/> Attachment

2	Property Owner: _____		Phone: _____	Email: _____	
	Owner's Address: _____		City: _____	State: _____	Zip: _____

3	Contracting Co.: _____		Phone: _____	Email: _____	
	Company Address: _____		City: _____	State: _____	Zip: _____
	Qualifier's Name: _____		Owner-Builder: <input type="checkbox"/>	License Number: _____	

4	Architect/Engineer's Name: _____		Phone: _____	Email: _____	
	Architect/Engineer's Address: _____		City: _____	State: _____	Zip: _____
	Bonding Company: _____				
	Bonding Company Address: _____		City: _____	State: _____	Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____				
	Fee Simple Titleholder's Address (If other than owner): _____		City: _____	State: _____	Zip: _____
	Mortgage Lender's Name: _____				
Mortgage Lender's Address: _____		City: _____	State: _____	Zip: _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.