



BACKFLOW PREVENTION SERVICE APPLICATION  
 Backflow Cross Connection Control  
 2523 Charlotte Hwy, Mooresville NC 28117  
 Office: 704-799-8995 / Mobile: 980-722-0201 / Fax: 704-799-4136  
 Email: mboliek@moorevillenc.gov

*For TOM use Only*

Company ID \_\_\_\_\_

Application # \_\_\_\_\_

**OWNER INFORMATION**

Service Address: \_\_\_\_\_ Project Name: \_\_\_\_\_

Property Owner/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LICENSED CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's License # \_\_\_\_\_ NC State License Type:  Plumbing  Utility  Fire Sprinkler  Irrigation Iredell County Plumbing Permit # \_\_\_\_\_

Type of Project:  New Construction  Remodel  BFP not previously installed  BFP Replacement Type of Occupancy:  Commercial  Industrial  Residential

**BACKFLOW PREVENTER INFORMATION**

Number of BFP's to be installed at location \_\_\_\_\_  Domestic  Fire Protection  Bypass  Irrigation ( Separate tap and meter required )  Chiller  Cooling Tower

Boiler  Swimming Pool / Jacuzzi / Spa  Car Wash  Other \_\_\_\_\_

BFP SERIAL # \_\_\_\_\_ BFP MAKE \_\_\_\_\_ BFP MODEL \_\_\_\_\_ BFP SIZE \_\_\_\_\_

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Notes \_\_\_\_\_

**NOTICE: This document is required to be completed by licensed contractor and returned to the Backflow Department within five (5) days prior to your request for the water meter to be set. The work is required to be reported to the Backflow Department when ready for Iredell County inspections. All work must be done in accordance with the Town of Mooresville installation requirements. Backflow Preventer Test and Maintenance Reports must be submitted to the Backflow Department within fifteen (15) days of water meter being set or water service will be disrupted until backflow preventer/preventers are scheduled for testing.**

REQUESTED BY (PRINT NAME): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_