



ORTING

Permit Number _____

RECEIVED STAMP

Backflow Assembly Permit Application

110 Train St. SE PO Box 489 Orting, WA 98360
Phone: (360)893-2219 • FAX: (360)893-6809
www.cityoforting.org

Please check permit(s) applied for: Building Irrigation: Mechanical: Other: _____

PROPERTY INFORMATION	
Site Address:	Parcel Number:

PROPERTY OWNER INFORMATION		
Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	Fax Number:	

APPLICANT INFORMATION		
Name:	Daytime Phone:	Cell Phone:
Mailing Address:	Fax Number:	

INSTALLATION CONTRACTOR			
Name:	Company:	Daytime Phone:	
Mailing Address:		Cell Phone:	
Contact person (if different):		Fax Number:	
Orting Business License Number:	Contractor's License #: (card must be presented)	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Orting as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Orting, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

Owner/Agent: _____ Date: _____