



**NYC Department of Environmental Protection
Bureau of Water & Sewer Operations**

Division of Permitting & Connections

**Device Installation Exemption - Self Certification
Cross Connection Control Program
- For One Domestic Service Only -**

Borough: _____ Block: _____ Lot: _____

Address: _____

<p align="center">Premises</p> <p>Existing <input type="checkbox"/></p> <p>Renovated <input type="checkbox"/></p> <p>New <input type="checkbox"/></p>	<p align="center">Use For</p> <p>Residential <input type="checkbox"/></p> <p>Commercial <input type="checkbox"/></p> <p>Mixed Use <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/></p> <p>Other _____</p>	<p align="center">Water Service</p> <p>No. of Fire Services _____</p> <p>One Tap/Wet Connection <input type="checkbox"/></p> <p>for Domestic Service</p> <p>Size _____</p>
--	---	---

Based on a detailed and thorough
inspection of the building review of the plans

The facility does **NOT** contain any of the following:

The facility will **NOT** contain any of the following:

- | | | |
|---------------------------------------|-----------------------------------|------------------------------------|
| * Dental Facilities | * Wells | * Water Cooled Equipment |
| * Medical Facilities | * Bidets | * Auto Body Shop |
| * In-ground Sprinklers or Irrigation | * Swimming Pools | * Beauty Salon and/or Barber Shop |
| * Car Wash | * Poultry Processing | * Automotive Repair |
| * Washing Machines Open to the Public | * Roof Water Tanks | * Dedicated Fire Protection System |
| * Restaurant | * Laboratory Facilities | * Dry Cleaning Equipment |
| * Chemically Treated Boilers | * Air Conditioning Cooling Towers | * Embalming Equipment |

DESIGN PROFESSIONAL

IDENTIFICATION OF RESPONSIBILITIES

I hereby state that the above information is correct and complete to the best of my knowledge and is in compliance with all applicable Administrative Code Provisions and all Departmental Rules, Regulations, and Directives, except where noted.

I certify that this building is non-hazardous and does not require backflow preventer(s) according to the latest DEP Supplement to the New York State Department of Health's Handbook for Cross Connection Control.

Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both.

It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for consideration. Violation is punishable by fine, imprisonment, or both.

Name of Design Professional	Phone Number	
Address	City State Zip Code	
Signature	Date	

OWNER

I hereby state that I have authorized the above noted Design Professional to perform the work specified herein, and agree to indemnify to the fullest extent permitted by law, the City of New York, the New York City Water Board, and the New York City Municipal Water Finance Authority (hereinafter collectively called "the City") and their respective officers, representatives, agencies, contractors, servants and employees from and against any and all claims, suits, actions, proceedings, and losses ("claims and losses") that may arise from the exemption from using Cross Connection Control device(s) after the date of this certification.

In the future, if the building use has been changed and will require backflow prevention device(s), in compliance with State & City rules, I will insure submittal of a new application that reflects the new use.

Name of Owner	Phone Number		
Address	City	State	Zip Code
Signature	Date		