



City of Oak Harbor
Building Department
 865 S.E. Barrington Drive
 Oak Harbor, WA 98277
 (360)279-4500
 Fax (360) 279-4519

Application for Change in Occupant

Fee \$26.00

<u>Business</u>	<u>Business Owner</u>	<u>Building Owner</u>
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Note: Above information will be used in the case of an emergency.

Business Information

Type of Business _____
 Total Square Foot of Building _____ Portion of Building to be occupied _____ sq. foot
 Expected opening date _____/_____/_____
 Number of employees _____ No. of floors _____

Will you do any repairs, remodeling, alterations or demolition?

If yes, please description: _____

Check all items below associated with your project:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Painting | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Accessibility Upgrades |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Carpet / Flooring | <input type="checkbox"/> Heating / AC | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Additions | <input type="checkbox"/> Cabinetry | <input type="checkbox"/> Fire Protection Sys. | <input type="checkbox"/> Site Improve. / Parking |
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Doors / Windows | <input type="checkbox"/> Commercial Hood | <input type="checkbox"/> Change in Use |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Roof / Exterior | <input type="checkbox"/> Alarm System | <input type="checkbox"/> Other _____ |

<u>Persons with Keys to Business</u>		<u>Alarm Information</u>
Name:	Name:	Alarm Company:
Address:	Address:	Phone:
		Alarm Type:
Phone:	Phone:	

Note: The police and fire departments depend on accurate, updated recall information in emergency situations. We ask that you make every effort to fill out all applicable lines, and update at changes occur.

Cross Connection Survey Information

Development Services Department

865 S.E. Barrington Dr. ~ Oak Harbor, WA 98277 ~ Phone (360) 279 4510 ~ Fax (360) 279-4519

Project Address: _____ Property Tax Parcel: _____

Project Description: _____

Business Name: _____

Business Owner's Name: _____

Contact Name: _____

Business Owner's Address: _____ City: _____ State/Zip: _____

Business Owner's Email: _____ Owner's Phone: _____

Property Owner Name: _____

Property Owner Address: _____ City: _____ State/ Zip: _____

Property Owner E-mail Address: _____ Phone: _____

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the city of Oak Harbor water system. Please fill out the questionnaire and check the appropriate box that applies to your business or project.

Backflow prevention assemblies shall be installed at all premises where in the judgment of the City of Oak Harbor Building Division or Water Division, the nature of activities on the premise may present a hazard to the public water system. All commercial and multifamily projects are required to provide premise isolation as a minimum protection.

1. Please indicate if your facility has, or will have any of the following :

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Conditioners | <input type="checkbox"/> Car Washing Equipment | <input type="checkbox"/> Espresso Machines |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Chemical Feed tank for industrial process | <input type="checkbox"/> Etching Tanks |
| <input type="checkbox"/> Air Washers | <input type="checkbox"/> Chemical Feed (commercial cleaners) | <input type="checkbox"/> Fermenting Tanks |
| <input type="checkbox"/> Aquarium make-up Water | <input type="checkbox"/> Chlorinators | <input type="checkbox"/> Fertilizer Injection |
| <input type="checkbox"/> Aspirators, weedicide, herbicide, pesticide | <input type="checkbox"/> Coffee Urn | <input type="checkbox"/> Film Processors |
| <input type="checkbox"/> Aspirators, Medical -Lab | <input type="checkbox"/> Commercial Cooking Kettles | <input type="checkbox"/> Fire Dept Pumper Connection |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Computer Cooling Lines | <input type="checkbox"/> Fire Sprinkler Systems (with booster pump) |
| <input type="checkbox"/> Autopsy Tables | <input type="checkbox"/> Condensate Tanks | <input type="checkbox"/> Fire Sprinkler system with chemicals |
| <input type="checkbox"/> Auxiliary water system (well, pond, creek, other) | <input type="checkbox"/> Cooling Towers Etching Tanks | <input type="checkbox"/> Fire Sprinkler Systems w/o chemicals |
| <input type="checkbox"/> Baptismal Fountain | <input type="checkbox"/> Decorative Ponds/ Fountains | <input type="checkbox"/> Floor Drains |
| <input type="checkbox"/> Bathtub, below rim filler | <input type="checkbox"/> Degreasing Equipment | <input type="checkbox"/> Fume Hoods |
| <input type="checkbox"/> Bed Pan Washers | <input type="checkbox"/> Dental Equipment /Cuspidors | <input type="checkbox"/> Garbage Can Washers |
| <input type="checkbox"/> Beverage (pop) Machines using Co2 | <input type="checkbox"/> Dialysis Equipment | <input type="checkbox"/> Heat Exchangers w/o dbl wall leak path |
| <input type="checkbox"/> Boilers Feed Lines | <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Heat Pumps |
| <input type="checkbox"/> Bottle Washing Equipment | <input type="checkbox"/> Drinking Fountains | <input type="checkbox"/> Heating System using water |
| <input type="checkbox"/> Brine Tanks | <input type="checkbox"/> Dye Vats | <input type="checkbox"/> Heating Boilers, Commercial |
| <input type="checkbox"/> Building three stories or more tall | | |



Cross Connection Survey Information

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Development Services Department

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- | | | |
|---|---|--|
| <input type="checkbox"/> High Pressure Washers | <input type="checkbox"/> Lawn Irrigation w/o chemical | <input type="checkbox"/> Shampoo Sink |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Livestock Drinking Tanks | <input type="checkbox"/> Solar Heating Systems |
| <input type="checkbox"/> Hydrotherapy Baths | <input type="checkbox"/> Make-up Tanks | <input type="checkbox"/> Spa/Sauna |
| <input type="checkbox"/> Ice Makers | <input type="checkbox"/> Mobile Carpet Cleaners | <input type="checkbox"/> Steam Generating Equipment |
| <input type="checkbox"/> Industrial Fluid Systems | <input type="checkbox"/> Pesticide Applicator Trucks | <input type="checkbox"/> Sterilizers |
| <input type="checkbox"/> Intertied (looped) Services | <input type="checkbox"/> Photo Developing Sinks/Tanks | <input type="checkbox"/> Stills |
| <input type="checkbox"/> Irrigation system (no chemicals) | <input type="checkbox"/> Private Fire Hydrants | <input type="checkbox"/> Sumps |
| <input type="checkbox"/> Irrigation system (chemical) | <input type="checkbox"/> Private Wells | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Janitor sink | <input type="checkbox"/> Pump Prime Trucks | <input type="checkbox"/> Trap Primers |
| <input type="checkbox"/> Kitchen Equipment | <input type="checkbox"/> Radiator Flushing Equipment | <input type="checkbox"/> Used or Gray Water systems |
| <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> RV Dump Stations | <input type="checkbox"/> Water Treatment Filtrat6ion Systems |
| <input type="checkbox"/> Laundry Machines | <input type="checkbox"/> Sewer Connected Equipment | <input type="checkbox"/> X-Ray Equipment |
| <input type="checkbox"/> Lawn Irrigation w chemical | <input type="checkbox"/> Sewer Flushing | |

2. Are you aware of any existing backflow protection located on this property?

Please Describe: _____

3. Please provide the name of all products or chemicals that are mixed with water at your location.

4. Please provide the name of all products or chemicals that are stored in bulk at your location.

The above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the domestic water system must be reported immediately to the City of Oak Harbor Building Division and Water division as a condition of continued service.

Completed By: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE WATER QUALITY DIVISION							
Type of Water Use	Hazard Assessment		Backflow Protection Required				
	Low	High	None	DCVA	DCDA	RCBA	RPDA
Domestic							
Irrigation							
Fire							
Status of Meter	Meter is Set		Okay to Install				
Certified By				Locked per Water Quality Division			