



# Reduced Pressure (RP) Backflow Drain Port Waiver

## Building Permit Form

This form is required only if a drain is not provided for the Reduced Pressure (RP) drain port.

Project Information	
Date:	Permit Number:
Installation Address:	Owner (in caps):
Business Name:	Contractor:

I/We:

The Owner(s) of the building noted above being subject to the install of a Reduced Pressure (RP) backflow device, understand that:

1. Due to the device install, location, and inaccessibility of a drain, and
2. To meet the requirements of the Town of Collingwood, I have been made aware that a drain will not be installed.

As such the Town of Collingwood and/or the contractor named above, shall not be held responsible for any property damage caused due to the relief port activation.

Owner

Signature(s): \_\_\_\_\_

Date (yyyy/mm/dd)

Owner

Signature(s): \_\_\_\_\_

Date (yyyy/mm/dd)