



# City of Linden

Union County, New Jersey

CONSTRUCTION CODE DEPARTMENT  
Room 204, City Hall, - 301 N. Wood Avenue  
LINDEN, NEW JERSEY 07036

FRANK GADOMSKI  
CONSTRUCTION OFFICIAL

MARK RITACCO  
ZONING OFFICER

(908) 474-8462

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## Application for Physical Connection Certificate of Compliance

Applicant Details					
Applicant / Company Name:					
Permanent Legal Address:					
City/Town:		State:		Zip:	
Contract Person:				Title:	
Telephone:				Fax:	

Details of Facility	
Name of Facility:	
Full Address of Facility:	
This application is for:	<input type="checkbox"/> Renewal <input type="checkbox"/> Additional Device; Existing Permit # _____
Total # of devices permitted:	

Details of Water Supply	
Public Water used for:	<input type="checkbox"/> Domestic <input type="checkbox"/> Fire Protection <input type="checkbox"/> Process Water Other: _____
Name of Public Water System:	
Public Water System ID number:	

Signature:		Date:	
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Instructions: Complete page 1 and 2 and submit to the Linden Construction Code Department with:

1. A drawing showing the facility layout, location of meters and backflow preventer valves.
2. Testing documentation from a certified tester for each device listed on the permit.
3. A check made payable to the City of Linden in the amount of \$50 per device.

FOR OFFICIAL USE ONLY

Number of Devices on Permit: \_\_\_\_\_ Fee Collected: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Expires: \_\_\_\_\_

Date: \_\_\_\_\_

Physical Connection Permit Number: \_\_\_\_\_

List the Type, Size, and Location of Public Water System Service Connections & Backflow Preventer Valve(s) that you are applying for:

	Service	Backflow Preventer	Location	Protected By-Pass / Detector Check
1	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
2	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
3	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
4	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
5	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
6	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
7	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____
8	<input type="checkbox"/> Domestic Inch: _____ <input type="checkbox"/> Fire	<input type="checkbox"/> D.C.V.A Inch: _____ <input type="checkbox"/> R.P.Z	At: _____ <input type="checkbox"/> Protect by-Pass Size _____	<input type="checkbox"/> Detector Check Size _____

If you are applying for more than 8 devices, please copy this page and list the additional devices.

# Physical Connection Certificate of Compliance

## Checklist for Submission

- Application; 2 pages
- Proof of Testing; must pass
- Payment