Community Development Department
401 W Owen K Garriott Rd
Enid, OK 73701
Office: 580.616.7213
Email:EnidCD@Enid.org

Application for Payment of Voluntary Backflow Preventer Installation

Project Address: _____

Permit Application Date: _____ **Permit Number:** _____

Date Work Completed: _____ **Date Work Inspected:** _____ **by** _____

Does the Structure have a basement _____ **Any previous backups** _____

Applicant Name: _____

Phone: _____ **Email:** _____

Business Name: _____

Name of Licensed Plumber: _____ **State License No.:** _____

Phone: _____ **Email:** _____

Property Owner: _____ **Owner Address:** _____
The recorded owner as shown on the County Tax Records (if different, proof must be provided)**:**

Phone: _____ **Email:** _____

Owner Certification:

I understand the requirements of the City of Enid Backflow Preventer Payment Program and agree to not hold the City and all its employees and officers from any and all liability based on any and all damage that may be occasioned in the future by any sanitary sewer backup related to or not related to the installation of the backflow prevention system. I will also provide ongoing and proper maintenance of the installed backflow prevention system. No home, building, or structure fitted with a backflow prevention system with any funds from this account shall be eligible for future funding from the account.

Owner Signature: _____ **Date:** _____

Required Documentation (Any incomplete application will not be accepted for review and may be denied)

☐ Itemized invoice showing labor and material costs for backflow preventer install only.

☐ Copy of plumbing permit

☐ Drawing showing installation location in relation to structures and property lines, including depth of Backflow preventer.

☐ Final inspection approval (copy of green tag)

Payment Request

Amount Requested: $_____ Actual Installation Cost: $_____

Program Requirements

- Payment is limited to 100% of the actual installation cost, not to exceed **$1,000**.
- Payment will be made directly to the licensed plumbing contractor identified on the invoice.
- Funding is available on a first-come, first-served basis and is subject to available funds.
- Payment shall only be made when the owner of the property, as designated per the County Tax Records (if different, proof must be provided), has signed agreeing to not hold the City and its employees from all liability based on any damage that may be caused in the future by the backflow prevention system.

Applicant Certification

I certify that the information provided is true and correct, all required permits and inspections have been completed, and I understand the payment requirements of the City of Enid Backflow Preventer Payment Program.

Applicant Signature: _____ Date: _____

Printed Name: _____

Office only

☐ Received complete application on _____

☐ Approved for Payment ☐ Payment Denied

Approved by: _____ Date_____

Additional Comments: _____

Payment by: _____ Date _____