City of Raleigh Public Utilities
Cross Connection Program
Certificate of Compliance Application
Existing Services

Office Use Only

Date Application Received: ____/____/20_____

Certificate Granted: Yes ☐ No ☐

Date: _____/_____/20_____

☐ Certificate of Compliance

☐ Installation Required

_____

Joanie S. Hartley
Cross Connection Coordinator

Date: _____

PIN: _____ *PIN: Property Identification Number can be found on Wake Gov. Real Estate

Address: _____
Site Address City State Zip Code

Daytime Phone Number _____ Email: _____

Water Service (Domestic, Irrigation, Fire, or Private Distribution)	Meter Number (8 digits)	Serial Number of Containment Backflow	Backflow Size	Type of Backflow: Reduced Pressure Zone (RPZ), Reduced Pressure Detector Assembly (RPDA), Double Check (DC), or Double Check Detector Assembly (DCDA)	Model of Assembly	**Office Use Only** Approval of Type and Model

Professional Engineer

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 City of Raleigh Public Utilities ordinance, handbook, and NC Plumbing and Fire Code except where noted.

I certify that all service connections (domestic, irrigation, fire) pertaining to this project are properly contained with an approved containment backflow assembly/assemblies according to the City of Raleigh Public Utilities ordinance, handbook, and NC Plumbing and Fire Code. Falsification of any statement is considered a willful violation and could subject the professional engineer to civil penalties or fines.

_____ (_____)_____ -_____
Name of Professional Phone

_____
Address City State Zip Code

_____
Signature Date

P.E. Original Stamp/Seal

Owner

I hereby state that I have authorized the above noted professional to perform the work specified herein and agree to indemnify to the fullest extent permitted by law, the City of Raleigh, the City of Raleigh Public Utilities and Cross Connection Control Program (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 verification that this facility is in compliance.

In the future, if the building use changes this may require the installation of an approved containment backflow assembly, in compliance with State and City rules, and I will ensure submittal of a new application that reflects the new use.

_____ (_____)_____-_____
Name of Property Owner Phone

_____
Address City State Zip Code

_____
Signature of Owner

Office: 919-996-2747 Fax: 919-996-1868
cross.connection@raleighnc.gov
Go To www.raleighnc.gov and Search "Cross Connection"