

# APPLICATION FOR CONSENT TO INSTALL AN RPZ VALVE (TYPE BA DEVICE)

Customer/Company Name

Address

.....  
.....  
.....

Post Code:.....

Telephone No:.....

Fax No:.....

Email.....

Date of application:

Please state the name of the person on site who will be responsible for organising the commissioning and annual testing of the RPZ valve

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Telephone No:.....

Email:.....

Customer/Company Name seeking consent (if different from above):

Address

.....  
.....  
.....

Post Code:.....

Telephone No:.....

Fax No:.....

Email.....

If this application is being made in connection with a letter we have sent you following an inspection, could you please quote the reference number on top of the letter;

Intended make of RPZ valve to be used (if known):

Model Number (if known):

Size:

Intended Location (which part of the building):

Please state the type and use of the plant/equipment which the proposed RPZ valve is to supply:

Please supply the names/concentrations and materials safety data sheets of any chemicals and substances that are proposed to be used downstream of the RPZ valve:

Please confirm the method of water supply to the valve:

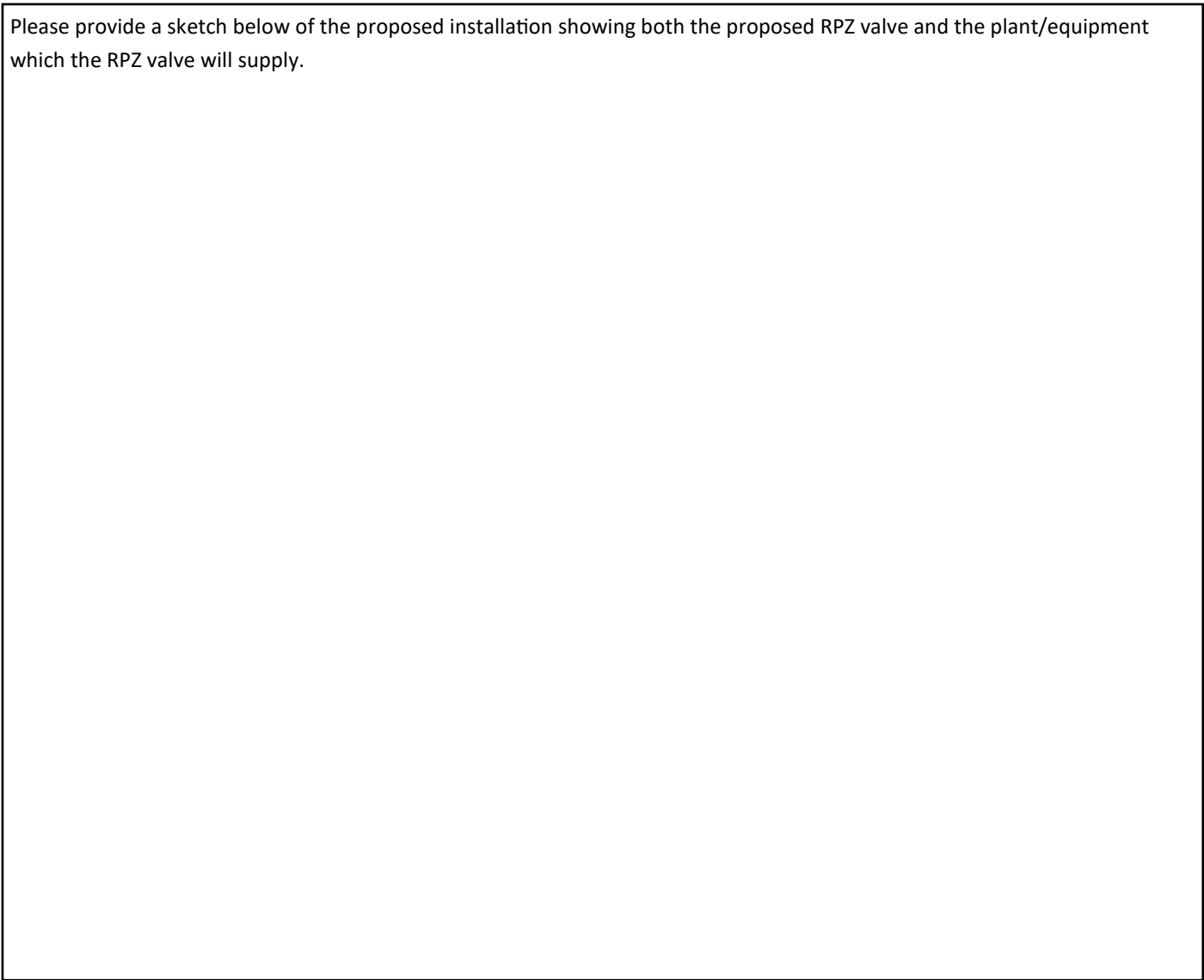
**Mains\***   **Storage\***   **Hot Water\***   **Cold Water\***

\*Please delete as appropriate

**Temporary Arrangement\***   **Permanent Arrangement\***

\*Please delete as appropriate

Please provide a sketch below of the proposed installation showing both the proposed RPZ valve and the plant/equipment which the RPZ valve will supply.



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**Water Supplier's Use Only**

Date Received:

Consent granted by and date:

Consent withheld and date:

Comments and conditions required by Water Supplier:

