

Appendix B – Request for Waiver

**City of Lynchburg Backflow Prevention Control Program
Waiver Request for Alternate Installation Location**

Applicant: _____ Telephone No: _____

Installation Address: _____

Date Submitted: _____

Project information (if applicable):

Project Name: _____ Project No: _____

Project Location: _____

Project Engineer: _____ Telephone No: _____

Detailed description of waiver request (attach drawing if applicable):

Justification / Reason for Request:

City of Lynchburg’s Compliance Specialist’s Comments:

City of Lynchburg Technical Review Representative’s Comments:

_____ Approved _____ Disapproved _____
Director / Deputy Director of Water Resources Date