

PLUMBING PERMIT APPLICATION

MUNICIPALITY _____ NUMERICAL CODE _____ PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

New or Old Bldg.
2. No. of Stories _____

1. STREET LOCATION _____

3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. PRIVATE SEWAGE: ISDS NO. _____ DATE _____

7. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____

8. OWNER _____ ADDRESS _____ TEL. NO. _____

9. MASTER PLUMBER _____ ADDRESS _____ TEL. NO. _____

10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____

11. STAMPED PRINTED (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. MASTER PLUMBER LIC. NO. _____

14. DESCRIPTION OF WORK TO BE PERFORMED _____

15. ESTIMATED COST: \$ _____

MUNICIPAL PLUMBING PERMIT FEE:				
CE/ADA FEE: _____ x .001	=		=	\$ _____
(1 & 2 FAMILY DWELLING LIMITED) TO CE & ADA FEE OF \$50.00	ESTIMATED COST x .001	=		\$ _____
TOTAL PERMIT FEE			=	\$ _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of the State and this jurisdiction.

MASTER PLUMBER'S SIGNATURE

	WATER CLOSET	SINKS	LAV. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP. PRESS. VALVE	VAC. BREAKER	WASH TUB	SLOP SINK	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO. WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT WASTES	BACKFLOW PREVENTERS	PRESSURE BOILER	YARD OR AREA DRAINS	CONNECT TO SEWER	OTHER
BASEMENT																								
1ST STORY																								
2ND STORY																								
3RD STORY																								
4TH STORY																								
5TH STORY																								
6TH STORY																								
7TH STORY																								
8TH STORY																								
9TH STORY																								
10TH STORY																								
TOTALS																								
TRAP TYPE																								
PIPE MAT'L																								
VENTED TO ROOF																								

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections:
 Rough _____

 FINAL _____
 Disapproved* _____

PERMIT GRANTED: _____
 DATE _____
 BY _____
 PLUMBING INSPECTOR

*For the following reasons: _____

CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE _____ PLUMBING INSPECTOR _____