

PLUMBING PERMIT APPLICATION

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

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

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 _____ PERMIT GRANTED: _____
 FINAL _____ DATE _____
 Disapproved* _____ 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 approved and approval is granted for connection to your service.
 DATE _____ PLUMBING INSPECTOR _____