

PLUMBING PERMIT APPLICATION

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

1. STREET LOCATION _____ Bldg. _____
 2. No. of stories: _____
 3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. PRIVATE SEWAGE _____ DATE _____
 7. USE OF STRUCTURE _____ PROPOSED _____
 8. OWNER _____ ADDRESS _____ TEL NO _____
 9. MASTER PLUMBER _____ ADDRESS _____ TEL NO. _____
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____
 11. Stamped Prints : _____ 12. Rhode Island Reg. No.: _____ 13. MASTER PLUMBER LIC.NO. _____
 14. DESCRIPTION OF WORK TO BE PERFORMED _____
 15. Estimated Cost of Labor and Material: _____

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

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

PRINT NAME _____

MASTER PLUMBER'S SIGNATURE _____

	WATER CLOSET SINKS	LAV. SINKS BATHUB	SHOWER STALL	HOT WATER HEATER	SLOP SINK	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNTAIN	AUTO WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT WASTES	BACKFLOW PREVENTERS	YARD OR AREA DRAINS	CONNECT TO SEWER	OTHER	MEDICAL GAZ	LAWN SPRINKLER	
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 _____
 Reason for disapproval: _____

PERMIT GRANTED
 DATE _____
 BY _____
 Plumbing Inspector

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 _____