

STATE OF RHODE ISLAND
PLUMBING PERMIT APPLICATION

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

1. STREET LOCATION _____ New or Old Bldg.
2.No. of Stories _____
 3.4.5. PARCEL ID _____ 6. PRIVATE SEWAGE: ISDS NO. _____ DATE _____
 7. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 8. OWNER _____ TEL NO. _____
 9. MASTER PLUMBER _____ TEL NO. _____
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____
 11. STAMPED PRINT (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 TO CE & ADA FEE OF \$ 50.00) 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																								
VENT TO ROOF																								

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections: Rough _____ PERMIT GRANTED: _____
 _____ DATE _____
 FINAL _____
 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 approval is granted for connection to your service.

DATE _____ PLUMBING INSPECTOR _____