

PLUMBING PERMIT APPLICATION

MUNICIPALITY TOWN OF JOHNSTON NUMERICAL CODE _____ PERMIT NO. _____

APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED \$ _____ BY _____

1. Street Location _____ 2. New or Old Bldg _____ No. of Stories _____

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 Engineer _____ Address _____ Tel. No. _____

11. Stamped Printed (circle one) Yes No 12. Rhode Island Reg. No. _____ 13. Mstr. 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 PLUMBERS SIGNATURE _____

	Water Closet	Sinks	Lav. Sinks	Bath Tub	Shower Stall	Hot Water Heater	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 _____

For the following reasons* _____ 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 _____