

STATE OF RHODE ISLAND  
**PLUMBING PERMIT APPLICATION**

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

1. STREET LOCATION \_\_\_\_\_ New or Old Bldg. \_\_\_\_\_  
 2.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 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: \_\_\_\_\_ PERMIT GRANTED: \_\_\_\_\_  
 Rough \_\_\_\_\_ 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 \_\_\_\_\_