

PLUMBING PERMIT PERMIT # P

APPLICATION DATE: / / PLAT # BLOCK # PARCEL #

JOBSITE ADDRESS: _____

PLUMBING CONTRACTOR: _____ PHONE # _____

ADDRESS: _____

LICENSE # _____ EXP DATE: _____ LICENSE TYPE: _____

PROPERTY OWNER: _____ PHONE # _____

MAILING ADDRESS: _____

ARCH OR ENG: _____ PHONE # _____

ADDRESS: _____

TYPE OF WORK: INSTALLATION REPLACEMENT DEMOLITION ALTERATION REPAIR

DESCRIPTION OF WORK TO BE PERFORMED: _____

SEE BACK OF THIS PAGE FOR FIXTURE QUANTITIES PER FLOOR

USE OF STRUCTURE: PREVIOUS: _____ PROPOSED: _____

SEWAGE: PUBLIC PRIVATE ISDS # _____ WATER: PUBLIC PRIVATE

CATAGORY OF CONSTRUCTION: 1 & 2 FAMILY MULTIFAMILY ALL OTHERS: _____

STAMPED PLANS: YES NO N/A # OF STORIES: _____

ESTIMATED COST \$ _____

AFFIDAVIT: I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE APPLICATION IS CORRECT AND THAT THE OWNER OF THIS PROPERTY AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF CRANSTON AND THE STATE OF RHODE ISLAND.

APPLICANT'S SIGNATURE _____ DATE: _____

FOR INSPECTIONS DEPARTMENT USE ONLY CODE EDITION: _____

PERMIT FEE: \$ _____ ISSUED BY: _____

RI ADA / CE FEE: \$ _____
1 & 2 FAMILY DWELLINGS LIMITED TO CE / ADA FEE OF \$50.00

TOTAL FEE DUE: \$ _____

PERMIT GRANTED BY: _____ DATE: _____
(PERMIT GRANTED STAMP)

INSPECTION TYPE: _____ APPROVED BY: _____

_____: _____ DATE: _____

_____: _____ DATE: _____

_____: _____ DATE: _____

