

APPLICATION for PLUMBING PERMIT

GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS

Please Print Clearly
Submit Sheets 1 and 2

Owner of building: _____

() New () Alteration

Present mailing address: _____

() Addition () Repair

Class of Work

Location of Work

City _____

Country _____

Use of the Building

House No. _____ Plot No. _____

(Private or rental dwelling, warehouse, store, restaurant, bar, office, etc.):

Street _____ Estate _____

Quarter _____ Quarter _____

General statement of the proposed work: _____

Description of the proposed work and information related thereto:

1. Occupancy: No. of families _____

5. Septic tank for this installation: () exists () new

No. of persons _____

6. Septic tank inside dimensions: _____ ft. long x _____

2. No. of bedrooms _____; bathrooms _____

ft. wide x _____ ft. high (to overflow) x 7.5 = _____ gal.

3. No. of plumbing fixtures (existing plus new):

7. Capacity of seepage tank: _____ gallons; or area of absorption field: _____ sq. ft.

Kitchen sinks _____ Toilets _____

8. Will installation use salt water? _____ If yes, what is size of pipe connected or to be connected to city main?

Lavatories _____ Urinals _____

_____ in. Connection: () exists () is requested.

Bathubs _____ Showers _____

Other (specify) _____

9. Will installation use potable water? _____ If yes, what is size of pipe connected or to be connected to city

4. Will waste discharge to city sewer?

main? _____ inch. Connection: () exists () is requested.

_____ If yes, sewer connection:

() exists () is requested.

Will proposed work encroach an public rights-of-way or on the property of others? _____

Total estimated cost of the proposed work: \$ _____ Has work been started? _____

Plumber who will do this work: _____ License No.: _____

Signature of applicant: _____ Date signed: _____

Mailing address of applicant: _____ Phone No.: _____

Note: Notice of permit approval is sent to building owner; permit is issued to plumber.

FOR DEPARTMENTAL USE ONLY

Information requested.

Permit approved

Remarks: _____

Permit disapproved

E.C.: _____

Plumbing Inspector

Commissioner, DPNR

Permit No.

Fee