

# 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

\_\_\_\_\_

\_\_\_\_\_  
Plumbing Inspector

E.C.: \_\_\_\_\_

\_\_\_\_\_  
Commissioner, DPNR

\_\_\_\_\_  
Permit No.

\_\_\_\_\_  
Fee