

GOVERNMENT OF THE VIRGIN ISLANDS

DEPARTMENT OF PLANNING AND NATURAL RESOURCES



DIVISION OF PERMITS

STT/STJ DISTRICT

TEL: (340) 774-3320

FAX: (340) 714-9532

STX DISTRICT

TEL: (340) 773-1082

FAX: (340) 778-4620

TO: COMMISSIONER OF DPNR

REQUEST FOR PLUMBING – FINAL

DATE: _____

SANITARY PERMIT NO.: _____

OWNER: _____

BUILDING PERMIT NO.: _____

CONTRACTOR: _____

PLUMBER: _____

LOCATION OF WORK: _____

REQUESTED BY: _____ PHONE NO.: _____

DATE/TIME WORK SHALL BE READY FOR INSPECTION: _____

REMARKS: _____

PLEASE GIVE EXPLICIT WRITTEN AND/OR GRAPHIC DIRECTIONS TO PROPERTY.

NOTE: Pursuant to Title 29 Chapter 5 § 294 (b) of the V.I. Code, approved set of plans should be readily available to inspectors and the permit shall be prominently displayed at the site of work.

CERTIFICATION OF SUPERVISION

UPON APPLICATION FOR A CERTIFICATE OF USE AND/OR OCCUPANCY:

TO: The Commissioner of Planning & Natural Resources
(through the Division of Building Permits)

FROM: Certifying Plumbing Supervisor of construction mentioned below

SUBJECT: **CERTIFICATION OF SUPERVISION AND TRADE WORKMANSHIP**

LEGAL DESCRIPTION

NAME OF OWNER: _____

LOCATION OF BUILDING: _____

PLUMBING PERMIT NUMBER: _____ DATE ISSUED: _____

NAME OF PLUMBER: _____ TITLE: _____

NAME OF CERTIFYING SUPERVISOR: _____
(Plumber, Master Plumber, Plumbing Contractor)

I hereby certify that the plumbing work done complies with the work proposed on the Plumbing Permit, as per the latest edition of the Uniform Plumbing Code and V.I. Code Title 29.

Signature: _____
Certifying Supervisor

Date: _____

PLEASE SIGN AND SEAL THIS CERTIFICATION FORM!