



**CITY OF NEWPORT
 DEPARTMENT OF UTILITIES
 WATER POLLUTION CONTROL DIVISION
 70 HALSEY STREET
 NEWPORT, RI 02840
 Phone: 401-845-5600 Fax: 401-846-0947**



1-888-Dig Safe
 www.digsafe.com

Storm Drain Service Application

Application Date: _____

Property Address: _____ Plat/Lot: _____

Owner's Name: _____ Phone: _____

Owner's Mailing Address: _____
 (city, state, zip)

Contractor: _____ Phone: _____

Contractor's Mailing Address: _____
 (city, state, zip)

Technical Justification for Connection Enclosed: YES NO

Type of Service: Residential Commercial Industrial

Main Tap Required? YES NO

Service Size (circle one): 2" 4" 6" Other: _____

*Site Plan: Attached

*Signature By: _____ *Signature By: _____
 (Owner) (Contractor)

*Printed Name By: _____ *Printed Name By _____
 (Printed Name – Owner) (Printed Name - Contractor)

***Site plan and signatures are required for application to be accepted.**

DO NOT WRITE BELOW THIS LINE

Backflow Preventer Required: YES NO

Inspection Required: YES NO
 (minimum 48 hour notice)

Comments:

| | | | |
|----------------------------------|------|-----------------------------------|----------------------------------|
| _____ | | <input type="checkbox"/> Approved | <input type="checkbox"/> Contact |
| Water Pollution Control Engineer | Date | | |
| _____ | | <input type="checkbox"/> Approved | <input type="checkbox"/> Contact |
| Deputy Director | Date | | |
| _____ | | <input type="checkbox"/> Approved | <input type="checkbox"/> Contact |
| Director | Date | | |

Storm Drain Service Application (cont.)

Site Plan (site plan must accompany application)

