



**CITY OF NEWPORT  
DEPARTMENT OF UTILITIES  
70 HALSEY STREET  
NEWPORT, RI 02840  
401-845-5600  
401-846-0947fax**



**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)

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 of Applicant: \_\_\_\_\_

**\*site plan is required for application to be accepted**

**DO NOT WRITE BELOW THIS LINE**

Backflow Preventor Required:  YES  NO

Inspection Required:  
(minimum 48 hours notice)  YES  NO

Comments:

\_\_\_\_\_  
Deputy Director Date

Approved  Contact

\_\_\_\_\_  
Director of Utilities Date

Approved  Contact

**Storm Drain Service Application (cont.)**

Site Plan (site plan must accompany application)