



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



Sanitary Sewer Service Application

Application Date: _____

Property Address: _____ Plat/Lot: _____

Owner's Name: _____ Phone: _____

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

Contractor: _____ Phone: _____

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

Cell Phone: _____ Fax: _____

Drain Layer License Number: _____

New Service Service Renewal

Type of Service: Residential Commercial Industrial

Main Tap Required? YES NO

Service Size (circle one): 6" minimum Other: _____

Site Plan*: Attached Signature of Applicant: _____

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

PLEASE NOTE: A backflow prevention device shall be installed in accordance with plumbing code P3008.1 This approval is subject to the agreement that this service is to be operated in accordance with City of Newport Codified Ordinance Chapter 13.08 Sewer Service System, which prohibits the connection of roof downspouts, area drains, foundation drains, or sump pumps into the sanitary sewer system.

DO NOT WRITE BELOW THIS LINE

Assessment Required: YES NO Received By: _____

Inspection Required: YES NO
(minimum 48 hours notice)

Deputy Director Date

Approved Contact

Director of Utilities Date

Approved Contact

Sanitary Sewer Service Application (cont.)

Site Plan (site plan must accompany application)