

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

Sanitary Service Application

Application Date:			Received	by:		
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:						
Type of Service: \square Residential \square C	ommercial Inc	dustrial				
Assessment Fee: New Service ONL	Y (\$890) □ Sei	rvice Renewal (N	lo Fee)			
Main Tap Required? ☐ YES ☐ NO	By Whom?					
Service Size (circle one): 6" minimum	n 8" O	ther:				
Site Plan: Attached Site plan is req	uired in order fo	r application to l	oe accepted	l		
Signature Required:		Signature Require	ed:			
(Owner)				(Contracto	or)	
Printed Required: (Owner)		_ Printed Required:(Contractor)				
PLEASE NOTE: A backflow prevention approval is subject to the agreement that Ordinance Chapter 13.08 Sewer Services foundation drains, or sump pumps into	nt this service is to e System, which p	be operated in a prohibits the conn stem.	ecordance vection of re	with City of N	lewpor	t Codified
Water Pollution Control Engineer	Date			Approved		Contact
water I official Control Engineer	Date					
Deputy Director - Engineering	Date			Approved		Contact
				Approved		Contact
Director	Date					

Sanitary Service Application (cont.)

Site Plan (site plan must accompany application)

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