



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



1-888-Dig Safe

www.digsafe.com

**Sanitary 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: \_\_\_\_\_

Type of Service: ☐ Residential ☐ Commercial ☐ Industrial

Assessment Fee: ☐ New Service ONLY (\$890) ☐ Service Renewal (No Fee)

Main Tap Required? ☐ YES ☐ NO By Whom? \_\_\_\_\_

Service Size (circle one): 6" minimum 8" Other: \_\_\_\_\_

Site Plan: ☐ **Attached Site plan is required in order for application to be accepted**

Signature Required: \_\_\_\_\_ Signature Required: \_\_\_\_\_  
(Owner) (Contractor)

Printed Required: \_\_\_\_\_ Printed Required: \_\_\_\_\_  
(Owner) (Contractor)

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 sanitary sewer system.

**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_  
Water Pollution Control Engineer Date

☐ Approved ☐ Contact

\_\_\_\_\_  
Deputy Director - Engineering Date

☐ Approved ☐ Contact

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

☐ Approved ☐ Contact

Sanitary Service Application (cont.)

Site Plan (site plan must accompany application)