



**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

**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:

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

☐ Approved ☐ Contact

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

☐ Approved ☐ Contact

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

☐ Approved ☐ Contact

Storm Drain Service Application (cont.)

Site Plan (site plan must accompany application)