

Date: _____
Permit #: _____

Official Use only

Town of New Shoreham Water District
P.O. Box 998 Block Island, RI 02807



**Application to Connect to the New Shoreham Water District Water Lines
and/or private lines serviced by municipal water**

Residential Commercial

1. Property Owner:

Name: _____ Company Name: _____

Billing Address: _____ City, State: _____

Zip: _____ Phone: _____ Email: _____

2. Connection Description: Domestic Fire

Is the connection a part of a subdivision? YES NO

Plat: _____ Lot: _____ Sublot: _____ Fire #: _____ Street: _____

New Construction Existing Building Private Public

3. Construction/Installation: District Engineer Approval (attach approval letter)

Does the installation require a road alteration permit? YES NO If YES, approvals needed.

Does the installation affect a public right-of-way? YES NO If YES, approvals needed.

Signature of Director of Public Works Date Signature of Superintendent of Roads Date

Installer Information: Master Plumber or Underground Utility Contractor

Name: _____ Company Name: _____

RI License #: _____ Address: _____

City, State: _____ Zip: _____ Phone: _____

Email: _____ Construction Start Date: _____ End Date: _____

4. Fees: Account Fee Permit Fee Inspection Fee Fees Collected: \$ _____

Engineer Plan Review Fee (if applicable): \$ _____ Allocation Purchased

The Owner's and Installer's signatures certifies that the "Policy for Private Sewer/Water Lines Installation" has been reviewed, that the application is complete and accurate, and Owner and Installer agree to fully comply with the District's Utility Standards and Rules and Regulations as a condition of the application approval.

Signature of Property Owner Date Signature of Installer Date

This Application must be returned to the Water Superintendent in order to receive a permit to connect.

Signature of Water Superintendent Date