

GOVERNMENT OF THE VIRGIN ISLANDS

DEPARTMENT OF PLANNING AND NATURAL RESOURCES



DIVISION OF PERMITS

STT/STJ DISTRICT
TEL: (340) 774-3320
FAX: (340) 714-9532

STX DISTRICT
TEL: (340) 773-1082
FAX: (340) 778-4620

TO: COMMISSIONER OF DPNR

REQUEST FOR PLUMBING - FINAL

DATE: SANITARY PERMIT NO.:
OWNER: BUILDING PERMIT NO.:
CONTRACTOR: PLUMBER:
LOCATION OF WORK:
REQUESTED BY: PHONE NO.:

PLEASE GIVE EXPLICIT WRITTEN AND/OR GRAPHIC DIRECTIONS TO PROPERTY.

GENERAL DESCRIPTION:

NO. OF W.R. SIZE OF DRAIN VENT CO.
NO. OF L.V. SIZE OF DRAIN VENT CO.
NO. OF TUB AND/OR SHOWER SIZE OF DRAIN VENT CO.
NO. OF SINK(S) SIZE OF DRAIN VENT CO.
OTHER SIZE OF DRAIN VENT CO.

WATER SUPPLY:

CISTERN CAP GALS. POTABLE WATER WELL OTHER

SEWAGE DISPOSAL:

SEWER CONNECTION (SIZE) IN. OR SEPTIC TANK & CESSPOOL
AND/OR DRAINFIELD

DEPARTMENTAL USE ONLY

REMARKS:

INSPECTED BY: DATE:

PLUMBING INSPECTOR

NOTE: Pursuant to Title 29 Chapter 5 § 294 (b) of the V.I. Code, approved set of plans should be readily available to inspectors and the permit shall be prominently displayed at the site of work.

## **CERTIFICATION OF SUPERVISION**

UPON APPLICATION FOR A CERTIFICATE OF USE AND/OR OCCUPANCY:

TO: The Commissioner of Planning & Natural Resources  
(Through the Division of Building Permits)

FROM: Certifying Plumbing Supervisor of construction mentioned below

SUBJECT: **CERTIFICATION OF SUPERVISION AND TRADE WORKMANSHIP**

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### LEGAL DESCRIPTION

NAME OF OWNER: \_\_\_\_\_

LOCATION OF BUILDING: \_\_\_\_\_

PLUMBING PERMIT NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

NAME OF PLUMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME OF CERTIFYING SUPERVISOR: \_\_\_\_\_  
(Plumber, Master Plumber, Plumbing Contractor)

I hereby certify that the plumbing work done complies with the work proposed on the Plumbing Permit, as per the latest edition of the Uniform Plumbing Code and V.I. Code Title 29.

Signature: \_\_\_\_\_  
Certifying Supervisor

Date: \_\_\_\_\_

PLEASE SIGN AND SEAL THIS CERTIFICATION FORM!