



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS  
DEPARTMENT OF PLANNING AND NATURAL RESOURCES**

**DIVISION OF PERMITS**

**STX DISTRICT TEL: (340) 773-1082 STT/STJ DISTRICT TEL: (340) 774-3320**

**FINAL PLUMBING INSPECTION REQUEST**

**(Please Print Clearly)**

REQUESTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

OWNER: \_\_\_\_\_

LOCATION OF WORK: \_\_\_\_\_

BUILDING PERMIT NO.: \_\_\_\_\_ PLUMBING PERMIT NO.: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PLUMBER: \_\_\_\_\_

**GENERAL DESCRIPTION:**

|                      |                      |                       |
|----------------------|----------------------|-----------------------|
| NO. OF W.R. _____    | SIZE OF DRAIN: _____ | VENT: _____ CO. _____ |
| NO. OF L.R. _____    | SIZE OF DRAIN: _____ | VENT: _____ CO. _____ |
| NO. OF TUB: _____    | SIZE OF DRAIN: _____ | VENT: _____ CO. _____ |
| NO. OF SHOWER: _____ | SIZE OF DRAIN: _____ | VENT: _____ CO. _____ |
| NO. OF SINKS: _____  | SIZE OF DRAIN: _____ | VENT: _____ CO. _____ |
| OTHER: _____         | SIZE OF DRAIN: _____ | VENT: _____ CO. _____ |

**WATER SUPPLY:**     CISTERN CAP  GALS.  PORTABLE WATER  WELL  OTHER

**SEWAGE DISPOSAL:** SEWER CONNECTION (SIZE) \_\_\_\_\_ IN. OR SEPTIC TANK & CESSPOOL  
AND/OR DRAIN FIELD \_\_\_\_\_

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## CERTIFICATION OF SUPERVISION

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

TO: The Commissioner of Planning & Natural Resources  
(Through the Division of 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: \_\_\_\_\_

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.

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

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

**PLEASE SIGN AND SEAL THIS CERTIFICATION FORM:**

**Seal and Signature of USVI Licensed Plumber**

