



**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)

DATE: \_\_\_\_\_ PLUMBING PERMIT NO.: \_\_\_\_\_

OWNER: \_\_\_\_\_ BUILDING PERMIT NO.: \_\_\_\_\_

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

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

REQUESTED BY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

**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 \_\_\_\_\_

**DEPARTMENTAL USE ONLY**

REMARKS: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## 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:**