



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

APPLICATION for PLUMBING PERMIT

(Please Print Clearly)

Parcel Identification Number (PIN) _____

Class of Work

Owner of building: _____

□ New □ Alteration

Owner mailing address: _____

□ Addition □ Repair

Use of Building

Plot No. _____ Estate _____ Quarter _____ □ Private or Rental Dwelling □ Store/Warehouse

House No. _____ Street _____ □ Restaurant □ Bar □ Office □ Other _____

(If Applicable)

General statement of the proposed work: _____

Description of the proposed work and information related thereto:

- 1. No. of bedrooms _____; bathrooms _____
2. No. of plumbing fixtures (existing plus new): Kitchen sinks _____ Toilets _____ Lavatories _____ Urinals _____
Bathtubs _____ Showers _____ Other (specify) _____
3. Will waste be discharged to the city sewer? □ Yes □ No, if yes. A sewer connection □ Exists □ Is requested
4. Septic tank for this installation: □ Exists □ New
5. Septic tank inside dimensions: _____ ft. long x _____ ft. wide x _____ ft. high (to overflow) x 7.5= _____ gal.
6. Capacity of seepage tank: _____ gallons; or area of absorption field: _____ sq. ft.
7. Will installation use portable water? □ Yes □ No. If yes, what is the size of the pipe connection or to be
connected to the city main? _____
8. Will installation use salt water? □ Yes □ No. If yes, what is the size of the pipe connected to the city main?
_____ inch. Connection: □ Exists □ Is requested

Will the proposed work encroach on public rights-of-way or on the property of others? _____

Total estimated cost of the proposed work: \$ _____ Has work been started? _____

Plumber who will do this work: _____ License No.: _____

Signature of applicant: _____ Date signed: _____

Phone No.: _____

Note: Permit will be issued in the licensed plumber's name, who is authorized to do the work on behalf of the owner.

DEPARTMENTAL USE ONLY

□ Information requested. Remarks: _____

E.C.: _____

□ Permit approved □ Permit disapproved

Inspector

Commissioner or Designee DPNR

Permit No.

Seal and Signature of USVI Licensed Plumber

Fee

Location of Work