



**CITY OF NEWPORT
DEPARTMENT OF UTILITIES
70 HALSEY STREET
NEWPORT, RI 02840
401-845-5600
401-846-0947fax**



Storm Drain Service Application

Application Date: _____

Property Address: _____ Plat/Lot: _____

Owner's Name: _____ Phone: _____

Owner's Mailing Address: _____
(city, state, zip)

Contractor: _____ Phone: _____

Contractor's Mailing Address: _____
(city, state, zip)

Cell Phone: _____ Fax: _____

Technical Justification for Connection Enclosed: Yes No

Type of Service: Residential Commercial Industrial

Main Tap Required? YES NO

Service Size (circle one): 2" 4" 6" Other: _____

Site Plan*: Attached Signature of Applicant: _____

***site plan is required for application to be accepted**

DO NOT WRITE BELOW THIS LINE

Backflow Preventor Required: YES NO

Inspection Required:
(minimum 48 hours notice) YES NO

Comments:

Deputy Director Date

Approved Contact

Director of Utilities Date

Approved Contact

Storm Drain Service Application (cont.)

Site Plan (site plan must accompany application)