

Office File

STATE OF RHODE ISLAND
PLUMBING PERMIT APPLICATION

Office File

MUNICIPALITY WARWICK ISSUED 04/01/2015 NUMERICAL CODE 35 PERMIT NO. P15-088
APPLICATION DATE 04/01/2015 CENSUS TRACT _____ FEE RECEIVED: \$ 41.00 BY _____

1. STREET LOCATION 19 JONQUIL DR New or Old Bldg. _____
2.No. of Stories _____
3.4.5. PARCEL ID 213-0160-0000 6. PRIVATE SEWAGE: ISDS NO. _____ DATE / /
7. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY PROPOSED SINGLE FAMILY HOME
8. OWNER RAUGHT, THOMAS L, RAUGHT, FRANCES A, 19 JONQUIL DR, WARWICK RI 02818 TEL NO. _____
9. MASTER PLUMBER JOSEPH FEULA, 7 LAKEWOOD DRIVE JOHNSTON, RI 02919 TEL NO. 231-1174
10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____
11. STAMPED PRINT (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. MASTER PLUMBER LIC. NO. MP1621
14. DESCRIPTION OF WORK TO BE PERFORMED REPLACE WATER HEATER
15. ESTIMATED COST: \$ 700.00

MUNICIPAL PLUMBING PERMIT FEE: 700.00 x .001 = \$ 40.00
CE/ ADA FEE: _____ x .001 = \$ 1.00
(1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$ 50.00) ESTIMATED COST x .001 = \$ _____
TOTAL PERMIT FEE= \$ 41.00

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of the State and this jurisdiction.

MASTER PLUMBER'S SIGNATURE

	WATER CLOSET	SINKS	LAV. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP PRESS VALVE W/AC BREAKER	WASH TUB	SLOP SINK	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO. WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT WASTES	BACKFLOW PREVENTERS	PRESSURE BOILER	YARD OR AREA DRAINS	CONNECT TO SEWER	OTHER
BASEMENT																							
1ST STORY																							
2ND STORY																							
3RD STORY																							
4TH STORY																							
5TH STORY																							
6TH STORY																							
7TH STORY																							
8TH STORY																							
9TH STORY																							
10TH STORY																							
TOTALS																							
TRAP TYPE																							
PIPE MAT'L																							
VENT TO ROOF																							

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections:
Rough _____ PERMIT GRANTED: _____
_____ DATE _____
FINAL _____
Disapproved* _____ BY _____
PLUMBING INSPECTOR

*For the following reasons _____

CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE _____ PLUMBING INSPECTOR _____

Office File

STATE OF RHODE ISLAND

ELECTRICAL PERMIT APPLICATION

Office File

MUNICIPALITY WARWICK ISSUED 02/28/2007 NUMERICAL CODE 35 PERMIT NO. E07-263
 APPLICATION DATE 02/23/2007 CENSUS TRACT _____ FEE RECEIVED: \$ 41.00 BY _____

1. STREET LOCATION 19 JONQUIL DR POLE NO. or UNDERGROUND NO. _____

2.3.4. PARCEL ID 213-0160-0000 5. FLOOR LOCATION _____

6. USE OF STRUCTURE PREVIOUS 1 FAMILY HOME PROPOSED R-3 ONE AND TWO FAMI

7. Temporary New Installation Change of Service Starting Date / / SRE # 2083076

8. OWNER RAUGHT, THOMAS L, 19 JONQUIL DR, WARWICK, RI 02818 TEL. NO. _____

9. ELECTRICAL CONTRACTOR RAPID ELECTRIC, 2 STARLINE WAY. SUITE 4 CRANSTON, RI TEL. NO. 943-5888

10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____

11. STAMPED PRINTS YES NO 12. RHODE ISLAND REG. NO. _____ 13. CONTRACTOR'S LIC. NO. AC0236

14. DESCRIPTION OF WORK TO BE PERFORMED _____
REVAMP SERVICE TO 100 AMP.

15. Service entrance voltage 100 Amperage 1 Phase 1 No. of Meters 2

16. Wire size (cu. or al.) _____ Conductor Per Phase _____

17. Estimated Load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, H.P., Phase _____

18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 800.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$	<u>40.00</u>
CE & ADA FEE : <u>800.00</u> x .001	= \$	<u>1.00</u>
ESTIMATED COST x .001	= \$	<u>41.00</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	TOTAL PERMIT FEE \$	<u>41.00</u>

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all application codes and ordinances of the municipality

ELECTRICAL CONTRACTOR'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ELECTRICAL WIRING PERMIT

PERMIT GRANTED:
 DATE _____
 BY _____
 ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

To the Electric Utility Company: The installation described above has been inspected and approval is granted for connection to your service.

 ELECTRICAL INSPECTOR