



**District Department of Transportation
Public Space Management Administration**



**APPLICATION FOR WATER OR SEWER
EXCAVATION IN PUBLIC SPACE**

PSMA – WOSE
(05/25/2005)

(PLEASE PRINT OR TYPE – DO NOT WRITE IN SHADED AREAS)

A. APPLICANT INFORMATION (COMPLETE ALL ITEMS 1 THRU 10)			PERMIT NUMBER:	TOTAL FEE:
1. PRINCIPAL STREET ADDRESS (SITE OF PROPOSED EXCAVATION):		2. WARD:		
3. LOT(S):	4. SQUARE:	5. OWNER'S NAME AND ADDRESS:		6. OWNER'S TELEPHONE NUMBER:
7. MASTER PLUMBER AND COMPANY NAME:		8. PLUMBER'S ADDRESS:		9. LICENSE NO.:
10. DESCRIPTION OF WORK:				

B. WATER EXCAVATION (COMPLETE ITEMS 11 AND 12)		
11. TYPE OF ACTIVITY:	12. LOCATION:	FEE:
<input type="checkbox"/> A. EXTENDING WATER SERVICE <input type="checkbox"/> B. REPAIRING SERVICE PIPE <input type="checkbox"/> C. INSTALLING WATER METER VAULT <input type="checkbox"/> D. CONNECTING PUBLIC WATERMAIN <input type="checkbox"/> E. OTHER _____	<input type="checkbox"/> A. ROADWAY <input type="checkbox"/> D. FRONT YARD <input type="checkbox"/> B. SIDEWALK <input type="checkbox"/> E. REAR ALLEY <input type="checkbox"/> C. PARKING <input type="checkbox"/> F. OTHER _____	

C. SEWER EXCAVATION (COMPLETE ITEMS 13 THRU 15)			
13. TYPE OF SEWER:	14. TYPE OF ACTIVITY:	12. LOCATION:	FEE:
<input type="checkbox"/> A. SANITARY <input type="checkbox"/> B. STORM	<input type="checkbox"/> A. EXTENDING SEWER LATERAL <input type="checkbox"/> B. REPAIRING SEWER LATERAL <input type="checkbox"/> C. CONNECTING PUBLIC SEWER <input type="checkbox"/> D. OTHER _____	<input type="checkbox"/> A. ROADWAY <input type="checkbox"/> D. FRONT YARD <input type="checkbox"/> B. SIDEWALK <input type="checkbox"/> E. REAR ALLEY <input type="checkbox"/> C. PARKING <input type="checkbox"/> F. OTHER _____	

D. MASTER PLUMBER'S SIGNATURE	
I have read and understand the conditions set forth on this application. I further understand that penalties are provided for furnishing false information. I am hereby requesting to perform the work specified on this application and I agree to all conditions. Further, I agree to perform the work in accordance with the Plumbing Code and all applicable laws, regulations, codes, standards, and specifications of the District of Columbia.	
Signature of Licensed Master Plumber	Telephone

E. APPROVALS (OFFICIAL USE ONLY)		
PERMIT CONDITIONS		
PLUMBING ENGINEER VERIFIED BY:	TRANSPORTATION VERIFIED BY:	ENVIRONMENTAL SERVICES VERIFIED BY:
DATE:	DATE:	DATE: