Rhode Island Department of Environmental Management Onsite Wastewater Treatment Systems (OWTS) Program

235 Promenade Street, Providence, RI 02908-5767 Telephone: (401) 222-3961; Email: DEM.OWTS@dem.ri.gov www.dem.ri.gov/septic

Construction Permit Application Submission Checklist

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Owner Name:		Application No	
Designer Name:		Date	
The following Submission Checklist is to be completed by the designer and submitted with all construction permit applications except Joint Permits and Residential Repair Permits.			
OWTS Submission Requirements			
NEW CONSTRUCTION Application Form 4 Sets of Plans Proper Fee (OWTS Rule 6.54)	4 Sets o	ration Form of Plans Fee (OWTS Rule 6.54)	
ALTERATION Application Form 4 Sets of Plans Proper Fee (OWTS Rule 6.54) Copy of Tax Card	Copy o	ration Form of Approved Plan Fee (OWTS Rule 6.54) of Deed	
COMMERCIAL REPAIR Application Form 4 Sets of Plans Proper Fee (OWTS Rule 6.54) Copy of Tax Card RESIDENTIAL REPAIR Use Residential Repair Submission Checklist	4 Sets of Proper If design flow Varian Associ	ration Form of Plans Fee (OWTS Rule 6.54) or increase is proposed also provide: ace Application Form & ated Attachments and Construction Variance also provide: Abutters w/in 200' of System	
JOINT OWTS/WETLANDS			

Use Joint Permit Application *Single Family Lots Only

DESIGNER COMMENTS:	
OWTS PROGRAM REVIEW COMMENTS:	
The application, plans and attachments are being returned unacceptable.	
If an application for this site is resubmitted, enclose this checklist.	
☐ Resubmission Fee Required: \$	-
RIDEM Official:	Date:
RIDEM Official: Onsite Wastewater Treatment Systems Program	