



**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 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:	
<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 _____	
		FEE:	

C. SEWER EXCAVATION (COMPLETE ITEMS 13 THRU 15)			
13. TYPE OF SEWER:	14. TYPE OF ACTIVITY:	12. LOCATION:	
<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 _____	
		FEE:	

D. MASTER PLUMBER'S SIGNATURE	
<p>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.</p>	
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: