



Liquor License Application Form with Plumbing Checklist

Cayman Islands Government
Department of Planning
P.O. Box 113
Grand Cayman KY1-9000
Phone: (345) 244-6501 Fax: (345) 769-2228
PLEASE SEND FORM TO: building.control@gov.ky

LLI #: _____

This checklist is not intended to be all inclusive, but to assist in the installation passing the initial inspection.

Name of Premises: _____ Location: _____ Block: _____ Parcel: _____

Name of Licensee: _____ License #: _____ Contact #: _____

Type of License: _____ Mailing Address: _____

PLUMBING FIXTURES:

- | | | |
|---|--|---|
| <input type="checkbox"/> Overflows | <input type="checkbox"/> Cleanout | <input type="checkbox"/> Tub/Shower |
| <input type="checkbox"/> Water Closets | <input type="checkbox"/> Lavatories | <input type="checkbox"/> Kitchen Sinks |
| <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Dish Washing Machines | <input type="checkbox"/> Bar Sink |
| <input type="checkbox"/> Food Disposal | <input type="checkbox"/> Multi. Wash Sinks | <input type="checkbox"/> Vent Terminals |
| <input type="checkbox"/> Washing Machines | <input type="checkbox"/> Indirect Wastes | <input type="checkbox"/> Proper Joints |
| <input type="checkbox"/> Urinals | <input type="checkbox"/> Drinking Fountains | <input type="checkbox"/> Trap Type |
| <input type="checkbox"/> All Fixtures Trapped | <input type="checkbox"/> Trap Size | |
| <input type="checkbox"/> No Double Trapping | <input type="checkbox"/> Floor Fixture Secured | |

WATER SUPPLY:

- | | |
|--|---|
| <input type="checkbox"/> Connection to Water Supply | <input type="checkbox"/> Water Supply Control |
| <input type="checkbox"/> Water Storage and Pumping Equipment | <input type="checkbox"/> Water Pressure |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Private and Public Water Supply Separate |

SEWAGE TREATMENT & DISPOSAL

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Public Sewer |
| <input type="checkbox"/> Grease Trap yes / no | |

Deficiencies to be Amended:

Note: Owner or Agent is responsible for applying for reinspection upon completion of the above corrections.

OFFICAL USE ONLY	PLUMBING CONTRACTOR USE
Correction Required: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Company: _____ Phone No. _____
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Plumber's Name: _____ License No. _____
Plumbing Inspector: _____	I hereby certify that the plumbing performed on the above noted premises is in conformance with the requirements of the Standard Plumbing Code.
Signature: _____	Signature: _____