

PLEASE PRINT OR TYPE

BUILDING PERMIT APPLICATION

MUNICIPALITY _____ NUMERICAL CODE _____ PERMIT NO. _____

APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

1. STREET LOCATION _____ 2. ZONING DISTRICT _____

3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. AREA _____ 7. REHAB CODE _____ YES NO

8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____

9. OWNER _____ ADDRESS _____ TEL. NO. _____

10. CONTRACTOR (0 OR 1*) _____ TEL. NO. _____

11. CONTRACTOR ADDRESS _____ 12. RI CONTR. REG. # _____ 13. EXPIR. DATE _____

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

15. LEAD LICENSE NAME _____ 16. LIC. # _____ 17. EXPIR. DATE _____

18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED _____ 22. USE OF EACH FLOOR

BSMT. _____

1st _____

2nd _____

3rd _____

CODE EDITION: _____ Other _____

A. TYPE OF IMPROVEMENT

- 1. _____ NEW STRUCTURE
- 2. _____ ADDITION TO EXISTING
- 3. _____ MODIFICATION TO EXISTING
- 4. _____ FOUNDATION ONLY

B. OWNERSHIP

- | | |
|------------------------------|---------------------|
| PUBLIC | PRIVATE |
| 1. _____ STATE | 4. _____ TAXABLE |
| 2. _____ CITY OR TOWN | 5. _____ TAX EXEMPT |
| 3. _____ OTHER SPECIFY _____ | |

C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one))

- | | | |
|-------------|-------------|-------------|
| 1. 1A _____ | 4. 2B _____ | 7. 4 _____ |
| 2. 1B _____ | 5. 3A _____ | 8. 5A _____ |
| 3. 2A _____ | 6. 3B _____ | 9. 5B _____ |

D. PROPOSED USE RESIDENTIAL

- 1. _____ R-1 HOTELS
- 2. _____ R-2 APARTMENTS
- 3. _____ R-3 Attached One and Two Family
- 4. _____ R-4 ASSISTED LIVING 9 -16
- 5. _____ GARAGE
- 6. _____ CARPORT
- 7. _____ MANUFACTURED HOME
- 8. _____ SWIMMING POOL
- 9. _____ One and Two Family Detached
- 10. _____ FIREPLACE
- 11. _____ OTHER SPECIFY _____

E. PROPOSED USE NON-RESIDENTIAL

- | | |
|---|---|
| 1. _____ A-1 THEATRES | 13. _____ I-1 INSTITUTIONAL SUPERVISED |
| 2. _____ A-2 RESTAURANT/ NIGHT CLUB | 14. _____ I-2 INSTITUTIONAL INCAPACITATED |
| 3. _____ A-3 ASSEMBLY | 15. _____ I-3 INSTITUTIONAL RESTRAINED |
| 4. _____ A-4 ARENAS | 16. _____ I-4 INSTITUTIONAL DAYCARE |
| 5. _____ B BUSINESS | 17. _____ M MERCANTILE |
| 6. _____ F-1 FACTORY (MOD HAZARD) | 18. _____ S-1 STORAGE MOD HAZARD |
| 7. _____ F-2 FACTORY (LOW HAZARD) | 19. _____ S-2 STORAGE LOW HAZARD |
| 8. _____ H-1 HIGH HAZARD DETONATION | 20. _____ U UTILITY MISCELLANEOUS |
| 9. _____ H-2 HIGH HAZARD DEFLAGRATION | 21. OTHER _____ |
| 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD | SPECIFY _____ |
| 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC | 22. MIXED USE _____ |
| 12. _____ H-5 HIGH HAZARD, HPM | |

F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)

- SINGLE FAMILY**
- 1. _____ TOTAL SINGLE FAMILY UNITS
 - 2. _____ TOTAL NO. OF BEDROOMS
 - TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half
- MULTI-FAMILY**
- 5. _____ TOTAL NO. OF KITCHENS
 - TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half
 - TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS**
 - 8. Effic. _____ 9. 1 _____ 10. 2 _____
 - 11. 3 _____ 12. 4 _____ 13. 5 _____
 - 14. _____ MORE, Please Specify _____
 - 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT.

G. FOUNDATION SETS BACK FROM PROPERTY LINES

- 1. FRONT _____ ft. _____ in.
- 2. REAR _____ ft. _____ in.
- 3. LEFT SIDE _____ ft. _____ in.
- 4. RIGHT SIDE _____ ft. _____ in.

H. DIMENSIONS

- 1. No. of Stories _____ 2. Basement Yes ___ No ___
- 3. Height of Construction Ft. _____ MAX. WIDTH _____ MAX. DEPTH _____
- 4. Total Floor Area Sq. Ft. w/o Basement _____

I. ESTIMATED COST MATERIAL AND LABOR

- | | | |
|--|-----------------|------------|
| 1. GENERAL | \$ _____ | .00 |
| TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST | | |
| 2. ELECTRICAL | \$ _____ | .00 |
| 3. PLUMBING OR PIPING | \$ _____ | .00 |
| 4. HEATING, AIR COND. | \$ _____ | .00 |
| 5. FIRE SUPPRESSION | \$ _____ | .00 |
| 6. OTHER, ELEVATOR, ETC. | \$ _____ | .00 |
| TOTAL COST | \$ _____ | .00 |

J. FLOOD HAZARD AREA - 1. YES 2. NO

- 1. Elev. (MSL) of lowest floor incl. basement _____
- 2. Elev. (MSL) of 100 year flood _____

K. TYPES OF SEWAGE DISPOSAL

- 1. _____ PUBLIC 2. _____ PRIVATE SYSTEM*
- 3. ISDS NO. _____ DATE _____

L. NUMBER OF OFF-STREET PARKING SPACES

- 1. ENCLOSED _____
- 2. OUTDOORS _____

M. TYPE OF WATER SUPPLY

- 1. _____ PUBLIC
- 2. _____ PRIVATE
- 3. _____ INDIVIDUAL WELL

N. EQUIPMENT*

- 1. INCINERATOR _____
- 2. ELEVATOR (Enter Number) _____

O. FEES

- 1. MUNICIPAL BUILDING PERMIT FEE = \$ _____ .00
- 2. STATE FEE: _____ + _____ x .001 \$ _____ .00
- (I) ITEM #1 + ITEM #5 x .001
- TOTAL PERMIT FEE \$ _____ .00**

(1 & 2 FAMILY DWELLING LIMITED) TO STATE FEE OF \$50.00

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 this jurisdiction.

* IN-STATE CONTRACTOR = 0
OUT-OF-STATE CONTRACTOR = 1

TEL. NO. _____ APPLICANT'S SIGNATURE _____

* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

FOR _____

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

TYPE AND COST OF BUILDING - PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA

EXAMINATION OF PLANS

Approved for Zoning

_____ 20

By _____

Approved for fire safety

_____ 20

By _____

Approved for electrical installation

_____ 20

By _____

Approved for plumbing installation

_____ 20

By _____

Approved for mechanical installation

_____ 20

By _____

PERMIT GRANTED

_____ 20

By _____

Building Official

Plan number _____

File number _____

PUBLIC WORKS DEPARTMENT

Water Available

Sewers Available

Public Street

Private Street

Street Grade Needed

Brook or Natural Drainage

Approved by:

_____ 20

Planning Department

_____ 20

Engineering Dept.

_____ 20

Sewer Division

_____ 20

Water Division

_____ 20

Traffic Division

_____ 20

Construction in Flood Hazard area

_____ 20

Other

APPLICANT _____

LOCATION _____

DATE _____

NO. _____

APPLICATION FOR PERMIT

TO

**BUILDING, ALTER, MOVE
OR DEMOLISH**