

BUILDING PERMIT APPLICATION

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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 (Circle one) 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. RHODE ISLAND REG. NO. _____ 16. Stamped Prints (Circle one) Yes No 17. Certificate of Occupancy Required Yes No

18. DESCRIPTION OF WORK TO BE PERFORMED _____
 19. USE OF EACH FLOOR
 BSMT. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION:

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

A. TYPE OF IMPROVEMENT 1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	B. OWNERSHIP PUBLIC 1. _____ STATE 2. _____ CITY OR TOWN 3. _____ OTHER SPECIFY _____ PRIVATE 4. _____ TAXABLE 5. _____ TAX EXEMPT	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 _____
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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
 2. _____ A-2 RESTAURANT/
NIGHT CLUB
 3. _____ A-3 ASSEMBLY
 4. _____ A-4 ARENAS
 5. _____ B BUSINESS
 6. _____ F-1 FACTORY (MOD HAZARD)
 7. _____ F-2 FACTORY (LOW HAZARD)
 8. _____ H-1 HIGH HAZARD
DETONATION
 9. _____ H-2 HIGH HAZARD
DEFLAGRATION
 10. _____ H-3 HIGH HAZARD
PHYSICAL HAZARD
 11. _____ H-4 HIGH HAZARD
CORROSIVE TOXIC
 12. _____ H-5 HIGH HAZARD, HPM
 13. _____ I-1 INSTITUTIONAL
SUPERVISED
 14. _____ I-2 INSTITUTIONAL
INCAPACITATED
 15. _____ I-3 INSTITUTIONAL
RESTRAINED
 16. _____ I-4 INSTITUTIONAL
DAYCARE
 17. _____ M MERCANTILE
 18. _____ S-1 STORAGE
MOD HAZARD
 19. _____ S-2 STORAGE
LOW HAZARD
 20. _____ U UTILITY
MISCELLANEOUS
 21. OTHER _____
 SPECIFY _____
 22. MIXED USE _____

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 _____

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)

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)

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 TEL. NO. _____ APPLICANT'S SIGNATURE _____
 OUT-OF-STATE CONTRACTOR = 1
 * STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION. FOR _____