

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. FIRE DISTRICT NO. (0 OR 1) _____
 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 _____

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

A. TYPE OF IMPROVEMENT
 1. _____ NEW STRUCTURE
 2. _____ ADDITION TO STRUCTURE
 3. _____ INSTALLATION
 4. _____ RECONSTRUCTION
 5. _____ REPLACEMENT
 6. _____ 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 _____ 5. 2C _____ 9. 5A _____
 2. 1B _____ 6. 3A _____ 10. 5B _____
 3. 2A _____ 7. 3B _____
 4. 2B _____ 8. 4 _____

D. PROPOSED USE RESIDENTIAL
 1. _____ R-1 MOTEL, HOTEL
 2. _____ R-2 MULTI-FAMILY
 3. _____ R-3 One and Two Family Attached
 4. _____ R-4 One and Two Family Detached
 5. _____ GARAGE
 6. _____ CARPORT
 7. _____ MOBILE HOME
 8. _____ SWIMMING POOL
 9. _____ FENCES
 10. _____ SIGNS
 11. _____ FIREPLACE
 12. _____ OTHER, SPECIFY _____

E. PROPOSED USE NON-RESIDENTIAL
 1. _____ A-1-A THEATRES W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED
 2. _____ A-1-B THEATRES W/O STAGE 14. _____ I-3 INSTITUTIONAL RESTRAINED
 3. _____ A-2 NIGHT CLUBS 15. _____ M MERCANTILE
 4. _____ A-3 RESTAURANTS 16. _____ S-1 STORAGE MODERATE
 5. _____ A-4 CHURCHES 17. _____ S-2 STORAGE LOW
 6. _____ A-5 STADIUMS 18. _____ SWIMMING POOL
 7. _____ B BUSINESS 19. _____ FENCES
 8. _____ E EDUCATIONAL 20. _____ SIGNS
 9. _____ F-1 FACTORY (MOD HAZ) 21. _____ OTHER
 10. _____ F-2 FACTORY (LOW HAZ) SPECIFY _____
 11. _____ H HIGH HAZARD
 12. _____ I-1 INSTITUTIONAL GROUP HOME

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 _____

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)

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. OTHER, ELEVATOR, ETC. \$ _____ .00
TOTAL COST \$ _____ .00

O. FEES
 1. MUNICIPAL BUILDING PERMIT FEE = \$ _____ .00
 2. CE & ADA FEE:
 + _____ x .001 \$ _____ .00
 (I) ITEM #1 + ITEM #5 x .001 \$ _____ .00
TOTAL PERMIT FEE \$ _____ .00
 (1 & 2 FAMILY DWELLING LIMITED)
 (TO CE & ADA 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
 * STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION

TEL. NO. _____ APPLICANT'S SIGNATURE _____
 FOR _____