

BUILDING PERMIT APPLICATION

MUNICIPALITY			Project N° / Numerical Code		Permit N°	
Application Date:		Application received by		Fee Received \$		Fee received by
1. Site Location (911)			2. Zoning District		3. Rehab Code	
			Circle1		YES NO	
4. Plat	5. Lot	6. Area	7. Previous Use	8. Proposed Use		
9. OWNER:			ADDRESS		TEL N°	
10. CONTRACTOR:			ADDRESS		TEL N°	
11. RI REG N°		12. EXPIR Date:		13. LEAD LIC N°		14. EXPIR Date:
15. Architect / Engineer			ADDRESS		TEL N°	
16. RI Reg. N°	17. Stamped Prints (Circle one)		Yes	No	18. Certificate of Occupancy Required	
					YES NO	
20. DESCRIPTION OF WORK TO PERFORMED:					21. USE OF EACH FLOOR	
					BSMT.	
					1 st	
					2 nd	
					3 rd	
					4 th	
					5 th	
					Other	
A Type of Improvement		B OWNERSHIP		C Type of Construction (1 Only*)		
1. New Structure	Public	Private	1. 1A	4. 2B	7. 4	
2. Addition to Existing	1. STATE	4. Taxable	2. 1B	5. 3A	8. 5A	
3. Modification to Existing	2. Municipal	5. Tax Exempt	3. 2A	6. 3B	9. 5B	
4. Foundation Only	3. Other Specify					
5. Other Specify			* Limited to least of construction rating 1A Highest 5B Lowest			
D Proposed Use Residential	E Proposed Use Non-Residential		F Residential Uses	New	Renovate	
1. R-1 Hotels	1. A1 Theater	13. B Business	Single Family Dwellings + Townhouse	SBC-2		
2. R-2 Apartments	2. A2 Rest./ Nightclub	14. E Education	1	Total Single Family Units		
3. R-3 Residential	3. A3 Assembly Rec	15. I1 Inst. Supervised	2	Total N° of Bedrooms		
4. R-4 Assisted Living	4. A4 Assembly Arena	16. I2 Inst. Incarcerate	Total N° of Baths	3. Full	4. Half	
5. Garage / Carport	5. A5 Assembly Outdr.	17. I3 Inst. Restrained	Multi Family Dwellings	SBC-1	R2	
6. Manufactured Home HUD	6. F1 Factory Modr.	18. I4 Inst. Day Care	5. Total N° of Kitchens			
7. Modular Home (IIBC)	7. F2 Factory Low	19. M Mercantile	Total N° of Baths	6. Full	7. Half	
8. Swimming Pool	8. H1 H Hz Detonate	20. S1 Storage Mod.	Total No. of Apartments by No. of Bedrooms			
9. 1+2 Family Detach SBC2	9. H2 H Hz Deflagrate	21. S2 Storage Low	8. Effic.	9. 1Br	10. 2Br	
10. Fireplace	10. H3 H Hz Physical	22. U Utility Misc.	11. 3Br	12. 4Br	13. 5Br	
11. Other	11. H4 H Hz Corr. Toxic	23. Other	14. More Specify			
Specify	12. H5 H Hz Mat Prod	24. Mixed Use	15.	Total Buildings in Project (Site)		
G. Foundation Setbacks From property		H. Building Dimensions		I. PROJECT COST MATERIAL AND LABOR		
1. Front	1. Number of Stories	2. Basement	Yes	No	1. GENERAL	VALUE Mat/Labor
2. Rear	2. Height Ft.	3. Width Ft.	4. Depth Ft.	5. Bld Ftprnt Sf.	6. Total Gross SF	7. DLT BOILER ¹
3. Left	3. PUBLIC	4. PRIVATE	5. OSWTS #	6. DATE	7. DLT ELEVATOR / LIFT ²	TOTAL PROJECT COST
4. Right	3. PRIVATE	3. OSWTS #	DATE	ADA / CE State Fee ^{3,4} 23-27.3-108.2 (c) 0.1% (0.001)	Radon Fee ⁴ RIGL 23-81-8 (\$0.02 /sf. Residential)	TOTAL PERMIT FEES
J. FLOOD HAZARD AREA	1. MAP#	2. ZONE	3. ELEV.	FEMA map required	OFF STREET PARKING	M. WATER SUPPLY
YES	NO	1. Enclosed	2. Outdoors	1. PUBLIC	2. PRIVATE	3. Individual WELL
1. MAP#	2. ZONE	3. ELEV.	FEMA map required	OFF STREET PARKING	M. WATER SUPPLY	TOTAL FEES DUE
1. MAP#	2. ZONE	3. ELEV.	FEMA map required	OFF STREET PARKING	M. WATER SUPPLY	Make Check or Money Ord. Payable to "STATE OF RHODE ISLAND"

I hereby certify that I have full 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 the applicable codes and ordinances of this jurisdiction.

Tel No.

APPLICANT SIGNATURE:

FOR:

CODE EDITION:

¹ Boiler and Mechanical permits required
² Elevator and Electrical permits required
³ SBC-2 max fee \$50.00 ⁴ Local fee only

E-MAIL ADDRESS: