

PLEASE PRINT OR TYPE

# 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 \_\_\_\_\_

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

<b>A. TYPE OF IMPROVEMENT</b> 1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY		<b>B. OWNERSHIP</b> PUBLIC PRIVATE 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER SPECIFY _____		<b>C. PRINCIPAL TYPE OF CONSTRUCTION</b> (CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B _____		
<b>D. PROPOSED USE RESIDENTIAL</b> 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 _____		<b>E. PROPOSED USE NON-RESIDENTIAL</b> 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 MOD HAZARD STORAGE 7. _____ F-2 FACTORY (LOW HAZARD) 19. _____ S-2 LOW HAZARD STORAGE 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		<b>f. RESIDENTIAL</b> (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) <b>SINGLE FAMILY</b> 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half <b>MULTI-FAMILY</b> 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half <b>TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS</b> 8. Effic. _____ 9. 1 _____ 10. 2 _____ 11. 3 _____ 12. 4 _____ 13. 5 _____ 14. _____ MORE, Please Specify _____ 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT.		
<b>G. FOUNDATION SETS BACK FROM PROPERTY LINES</b> 1. FRONT _____ ft. _____ in. 2. REAR _____ ft. _____ in. 3. LEFT SIDE _____ ft. _____ in. 4. RIGHT SIDE _____ ft. _____ in.		<b>H. DIMENSIONS</b> 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 _____		<b>I. ESTIMATED COST MATERIAL AND LABOR</b> 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 <b>TOTAL COST \$ _____ .00</b>		
<b>J. FLOOD HAZARD AREA - 1. YES 2. NO</b> 1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____		<b>K. TYPES OF SEWAGE DISPOSAL</b> 1. _____ PUBLIC 2. _____ PRIVATE SYSTEM* 3. ISDS NO. _____ DATE _____		<b>O. FEES</b> 1. MUNICIPAL BUILDING PERMIT FEE = \$ _____ .00 2. STATE FEE: _____ + _____ x .001 \$ _____ .00 (I) ITEM #1 + ITEM #5 x .001 <b>TOTAL PERMIT FEE \$ _____ .00</b> (1 & 2 FAMILY DWELLING LIMITED) (TO STATE FEE OF \$50.00)		
<b>L. NUMBER OF OFF-STREET PARKING SPACES</b> 1. ENCLOSED _____ 2. OUTDOORS _____		<b>M. TYPE OF WATER SUPPLY</b> 1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL		<b>N. EQUIPMENT*</b> 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 OUT-OF-STATE CONTRACTOR = 1 TEL. NO. \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_  
\* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION. FOR \_\_\_\_\_