

# 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 (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

<b>A. TYPE OF IMPROVEMENT</b> 1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	<b>B. OWNERSHIP</b> <div>PUBLIC</div> 1. _____ STATE 2. _____ CITY OR TOWN 3. _____ OTHER SPECIFY _____ <div>PRIVATE</div> 4. _____ TAXABLE 5. _____ TAX EXEMPT		<b>C. PRINCIPAL TYPE OF CONSTRUCTION</b> (CONSTRUCTION CLASS (Check one)) <div>1. 1A _____ 4. 2B _____ 7. 4 _____</div> <div>2. 1B _____ 5. 3A _____ 8. 5A _____</div> <div>3. 2A _____ 6. 3B _____ 9. 5B _____</div>
<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> <div>1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED</div> <div>2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED</div> <div>3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED</div> <div>4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE</div> <div>5. _____ B BUSINESS 17. _____ M MERCANTILE</div> <div>6. _____ F-1 FACTORY (MOD HAZARD) 18. _____ S-1 STORAGE MOD HAZARD</div> <div>7. _____ F-2 FACTORY (LOW HAZARD) 19. _____ S-2 STORAGE LOW HAZARD</div> <div>8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS</div> <div>9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. OTHER _____</div> <div>10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____</div> <div>11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 22. MIXED USE _____</div> <div>12. _____ H-5 HIGH HAZARD, HPM</div>		<b>f. RESIDENTIAL</b> (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) <div>SINGLE FAMILY</div> 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half <div>MULTI-FAMILY</div> 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.
<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 TOTAL COST \$ _____ .00
<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 TOTAL PERMIT FEE \$ _____ .00 (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