PLEASE PRINT OR TYPE

# BUILDING PERMIT APPLICATION FORM

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEM

MUNICIPALITY: _____ NUMERICAL CODE: _____ PERMIT NO. _____

APPLICATION DATE: _____ CENSUS TRACT ____ FEE RECEIVE: _____ BY _____

1. STREET LOCATION _____ 2. ZONING DISTRICT: _____

3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. AREA _____ 7. FIRE DISTRICT _____

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. EXP. DATE _____

14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____

15. RHODE ISLAND REG. NO. _____ 16. Stamped Prints _____ 17. Certificate of Occupant Required _____

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

Type of improvement

B. OWNERSHIP

PUBLIC PRIVATE

C. PRINCIPAL TYPE OF CONSTRUCTION
construction class (check one)

Proposed use residential

proposed use non-residential

F.RESIDENTIAL
(COMPLETE FOR NEW BUILDING 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. _____
15. _____TOTAL NUMBER OF BUILDING IN PROJECT

G. FOUNDATION SETS BACK FROM PROPERTY LINES

1. FRONT _____
2. REAR _____
3. LEFT SIDE _____
4. RIGHT SIDE _____

H. DIMENSIONS

1. No. of stories 2. Basement
3. Height of construction ft. Max. Width Max. depth
4. Total Floor Area Sq. Ft. w/o

I. ESTIMATED COST MATERIAL AND LABOR

1. GENERAL
TO BE INSTALLED BUT NOT INCLUDES IN THE ABOVE COST
2. ELECTRICAL
3. PLUMBING OR PIPING
4. HEATING, AIR COND.
5. OTHER, ELEVATOR, ETC

**TOTAL COST**

J. FLOOD HAZARD AREA

1. Elev. (MSL) of lowest floor incl. basement
2. Elev. (MSL) of 100 year flood

K. TYPE OF SEWAGE DISPOSAL

3. ISDS NO. DATE

O. FEES

(1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF $50.00)

L.NUMBER OF OFF-STREE PARKINGS SPACES

1. ENCLOSED
2. OUTDOORS

M. TYPE OF WATER

N. EQUIPMENT

1. INCINERATOR
2. ELEVATOR

I hereby certify that I have the autority 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 FROM FOR INFORMATION

TEL. NO._____ APPLICANT'S SIGNATURE_____

FOR_____

**OFFICE FILE (LOCATION)**