

PAUL J. THOMAS
Director



DAVID N. CICILLINE
Mayor

Department of Public Works
"Building Pride in Providence"

Letter of Approval

Department of Inspections and Standards
190 Dyer Street
Providence, RI 02903

Date: _____

Please be advised that the new construction at _____
Plat No. _____ Lot No. _____.

- | <u>YES</u> | <u>NO</u> | <u>N/A</u> | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Public Sanitary Sewer Availability _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storm Sewer Availability _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Roadway Curbed and Built _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Road Grade Established _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Permit Required For Curb Opening(s) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalk Replacement Required (Material _____) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traffic Engineer Approval _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interference with Easement _____ |

Field Inspector: _____ Dated: _____

Additional Comments _____

NOTE: The City of Providence, Department of Public Works does not accept responsibility for any errors in survey, site plan, layout of proposed building and will be held "harmless" for any damages to building properties caused in topography or runoff. This does not constitute a permit, nor is it an approval of the site plan.

Respectfully Submitted,

William C. Bombard, P. E., City Engineer

Owner / Contractor
(Name, address and telephone)

Engineer / Land Surveyor / Architect
(Name, address and telephone)

- | <u>REQ'D</u> | <u>N/A</u> | | | |
|--------------------------|--------------------------|-------------------------------|-----------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sewer Permit | No. _____ | Date Issued: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Driveway Curb Cut Permit | No. _____ | Date Issued: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sidewalk Opening Permit-Water | No. _____ | Date Issued: _____ |