STATE OF RHODE ISLAND PLEASE PRINT OR TYPE **BUILDING PERMIT APPLICATION** MUNICIPALITY TIVERTON NUMERICAL CODE PERMIT NO. ISSUED CENSUS TRACT FEE REC. \$ FEE BY APPLICATION DATE ALL 2. ZONING DISTRICT 1. STREET LOCATION 3. PLAT/MAP_______ 4. LOT/BLOCK______ 5. FILE/PARCEL______ 6. AREA_____ 7. FIRE DISTRICT NO. PROPOSED 8. USE OF STRUCTURE: PREVIOUS TEL. NO. 9. OWNER TEL. NO. 10. CONTRACTOR (0 OR 1*) 12. RI CONTR. 13. EXPIR. 11. CONTRACTOR ADDRESS ADDRESS TEL. NO. 14. ARCH. OR ENG. 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 2nd 3rd Other A. TYPE OF IMPROVEMENT B. OWNERSHIP C. PRINCIPAL TYPE OF CONSTRUCTION DATA PRIVATE **PUBLIC** (CONSTRUCTION CLASS (Check one)) 1. ____ NEW STRUCTURE 2. ____ ADDITION TO STRUCTURE 1. _____ STATE 4. ____ TAXABLE 1. 1A _____ 5. 2C ____ 9. 5A _ ___ INSTALLATION 2. 1B _____ 6. 3A ____ 10. 5B __ 5. _____ TAX EXEMPT 2. ____ CITY OR TOWN 4. ____ RECONSTRUCTION 3. 2A 7. 3B 3. _____ OTHER, SPECIFY: REPLACEMENT 4. 2B 8. 4 6. ____ FOUNDATION ONLY F. RESIDENTIAL E. PROPOSED USE NON-RESIDENTIAL D. PROPOSED USE RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) 1. — A-1-A THEATERS 13. — I-2 INSTITUTIONAL 1. R-1 MOTEL, HOTEL SINGLE FAMILY 14. I-3 INSTITUTIONAL RESTRAINED 2. A-1-B THEATERS W/O STAGE 1. _____ TOTAL SINGLE FAMILY UNITS 2. R-2 MULTI-FAMILY 3. _____ A-2 NIGHT CLUBS 15. ____ M MERCANTILE 3. R-3 One and Two Family Attached 2. _____ TOTAL NO. OF BEDROOMS 4. — A-3 RESTAURANTS 16. — S-1 STORAGE MODERATE 4. R-4 One and Two Family Detached TOTAL # OF BATHS 3. FULL 4. 5. — A-4 CHURCHES 17. S-2 STORAGE LOW 5.—— GARAGE MULTI-FAMILY 6. _____ A-5 STADIUMS 18. ____ SWIMMING POOL 6. CARPORT TOTAL NO. OF KITCHENS 7. _____ B BUSINESS 19. ____ FENCES 7. MOBILE HOME TOTAL # OF BATHS 6. FULL 7. HALF 8. — E EUCATIONAL 20. — SIGNS 8. SWIMMING POOL TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 9. — F-1 FACTORY (MOD HAZ) 9. FENCES 21. ____ OTHER 8. Effic. ____ 9. 1 ____ 10. 2 __ FACTORY (LOW HAZ) 10.____ SIGNS 10. ____ F-2 SPECIFY -11. 3 _____ 12. 4 ____ 13. 5 __ 11.—— FIREPLACE 11. — H HIGH HAZARD 14. — MORE, Please Specify 12. Institutional group home 12.—— OTHER, SPECIFY 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT H. DIMENSIONS I. ESTIMATED COST MATERIAL AND LABOR G. FOUNDATION SETS BACK FROM PROPERTY LINES 1 GENERAL 1. No. of Stories 2. Basement: Yes No TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 1. FRONT __ MAX. MAX 2. ELECTRICAL 2. REAR 3. Height of Construction Ft. ____ WIDTH___ DEPTH 3. PLUMBING AND PIPING 3. LEFT SIDE 4. HEATING, AIR COND. 4. Total Floor Area Sq. Ft. w/o Basement 4. RIGHT SIDE 5. OTHER, ELEVATOR, ETC. \$ K. TYPES OF SEWAGE DISPOSAL J. FLOOD HAZARD AREA-1.YES 2.NO TOTAL COST \$____ O. FEES 1. PUBLIC 2. PRIVATE SYSTEM** 1. Elev. (MSL) of lowest floor incl. basement RADON FEE 3. ISDS NO. DATE 2. Elev. (MSL) of MUNICIPAL BUILDING PERMIT FEE \$ 100 year flood -CE/ADA FEE M. TYPE OF WATER SUPPLY N. EQUIPMENT ** L. NUMBER OF OFF-STREET PARKING SPACES TOTAL PERMIT FEE \$ 1. _____ PUBLIC 1. INCINERATOR 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE 2. PRIVATE 1. ENCLOSED __ 2. ELEVATOR (Enter Number) 2. OUTDOORS_ INDIVIDUAL WELL 3.

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. APPLICANT'S SIGNATURE *IN-STATE CONTRACTOR = 0; OUT-OF-STATE CONTRACTOR = 1
**STATE APROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION TEL. NO. _____

DATE