Town of Tiverton, Rhode Island



Building Code Board of Appeals 343 Highland Road Tiverton RI 02878 Tel 625-6715 Fax 625-6754

	FILE NO. DATE	APPEALS USE ONLY
I THE UNDERSIGNED HEREBY APPEA FROM THE DECISION OF THE BUILDI REGARDING:		STANDARDS AND APPEALS
INTERPRETATION	ORDER	REQUIREMENT
DIRECTION	FAILURE TO ACT	OTHER (EXPLAIN)
EXPLAIN: (use a separate sheet if necessar	у)	
I THE UNDERSIGNED HEREBY APPLY OF THE REQUIREMENTS OF THE BUII SECTION(S)	LDING CODE	FICATION OF THE APPLICATION
EXPLAIN THE VARIATION OR MODIF THEREFORE:	ICATION SOUGHT AND STAT	TE BRIEFLY THE REASON

LOCATION OF PREMISES:			
CITY		STATE	ZIP CODE
DIMENSION OF LOT FRONTA	GE	_	
DEPTH	LOT AREA		
ASSESSOR'S BLOCK	CARD)	
COPY OF ZONING CERTIFICA	TE (IF APPLICABLE)		
DESCR	LIPTION OF EXISTING (OR PROPOSED E	<u>BUILDINGS</u>
NUMBER OF STORIES			
APPROXIMATE AREA PER FLO	OOR		
BASEMENT			
FIRST			
SECOND			
THIRD			
PRESENT USE OF THE PREMIS	SES		
PROPOSED USE OF THE PREM	IISES		
TYPE OF CONSTRUCTION			
OWNER	TEL	EPHONE	
ADDRESS			
APPELLANT	TEL	EPHONE	
ADDRESS			
APPELLANT'S CONNECTION	TO THE PROPERTY		
OWNER'S SIGNATURE			
AUTHORIZED AGENT			

APPLICATIONS FOR APPEAL, VARIANCE AND/OR MODIFICATION SHALL BE ACCOMPANIED BY SIX (6) COPIES OF THE REQUIRED PLANS AND/OR OTHER DOCUMENTS FOR REVIEW.

THE BOARD MAY REQUEST THAT A LIST OF PROPERTY OWNERS WITHIN 200 FEET OF THE PREMISES BE SUBMITTED.

AN APPLICATION FEE OF \$100.00 SHALL ACCOMPANY THIS APPLICATION.

A RECORDING FEE OF \$50.45 SHALL ACCOMPANY THIS APPLICATION.

A BILL WILL BE MAILED AND MUST BE PAID PRIOR TO THE MEETING DATE IF ANY CERTIFIED LETTERS TO THE ABUTTERS OF THE PREMISES IS REQUIRED AND/OR ANY ADVERTISING OF THE PETITION.

EXCEPTION: STATE AND MUNICIPAL AGENCIES