

STATE OF RHODE ISLAND
BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE

Office File

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

MUNICIPALITY **CHARLESTOWN** ISSUED _____ NUMERICAL CODE **05** PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT _____ FEE REC. \$ _____ FEE BY _____

1. STREET LOCATION _____ 2. ZONING DISTRICT **B**
 3.4.5. PARCEL ID _____ 6. AREA _____ 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 9. OWNER _____ TEL. NO. _____
 10. CONTRACTOR _____ IN-STATE? Yes No TEL. NO. _____
 11. CONTRACTOR ADDRESS _____ 12. REG # _____ 13. EXP: _____
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC # _____ 17. EXP: _____
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED _____

22. USE OF EACH FLOOR

Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION: _____

TYPE AND COST OF BUILDING - PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B _____

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL <small>Complete for new buildings and reconstructions</small>
1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 One and Two Family Attached 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 _____	1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY(mod haz) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY(low haz) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. _____ OTHER 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 12. _____ H-5 HIGH HAZARD - HPM 22. _____ MIXED USE	SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 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

G. FOUNDATION SETS BACK FROM PROPERTY LINES	H. DIMENSIONS	I. ESTIMATED COST MATERIAL AND LABOR
1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____	1. No. of Stories _____ 2. Basement: Yes No MAX. MAX. 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ _____ TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ 3. PLUMBING AND PIPING \$ _____ 4. HEATING, AIR COND. \$ _____ 5. FIRE SUPPRESSION \$ _____ 6. OTHER, ELEVATOR, ETC. \$ _____ TOTAL COST \$ _____

J. FLOOD HAZARD AREA-1. YES 2. NO	K. TYPES OF SEWAGE DISPOSAL	O. FEES
1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS NO. _____ DATE _____	RADON FEE \$ _____ MUNICIPAL BUILDING PERMIT FEE \$ _____ CE/ADA FEE \$ _____ TOTAL PERMIT FEE \$ _____ 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE _____
L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT
1. ENCLOSED _____ 2. OUTDOORS _____	1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	State Approval Required 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.

APPLICANT'S SIGNATURE _____ DATE _____ TEL. NO. _____

C22431