

STATE OF RHODE ISLAND  
**BUILDING PERMIT APPLICATION**

PLEASE PRINT OR TYPE  
 MUNICIPALITY **CHARLESTOWN** ISSUED \_\_\_\_\_ NUMERICAL CODE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
 APPLICATION DATE \_\_\_\_\_ CENSUS TRACT \_\_\_\_\_ FEE REC. \$ \_\_\_\_\_ FEE BY \_\_\_\_\_

1. STREET LOCATION \_\_\_\_\_ 2. ZONING DISTRICT \_\_\_\_\_  
 3. PLAT/MAP \_\_\_\_\_ 4. LOT/BLOCK \_\_\_\_\_ 5. FILE/PARCEL \_\_\_\_\_ 6. AREA \_\_\_\_\_ 7. FIRE DISTRICT NO. \_\_\_\_\_  
 8. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED \_\_\_\_\_  
 9. OWNER \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 10. CONTRACTOR (0 OR 1\*) \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 11. CONTRACTOR ADDRESS \_\_\_\_\_ 12. RI CONTR. REG. # \_\_\_\_\_ 13. EXPIR. \_\_\_\_\_  
 14. ARCH. OR ENG. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 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. _____
1st _____
2nd _____
3rd _____
Other _____

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. _____ NEW STRUCTURE 2. _____ ADDITION TO STRUCTURE 3. _____ INSTALLATION 4. _____ RECONSTRUCTION 5. _____ REPLACEMENT 6. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 5. 2C _____ 9. 5A _____ 2. 1B _____ 6. 3A _____ 10. 5B _____ 3. 2A _____ 7. 3B _____ 4. 2B _____ 8. 4 _____

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL
1. _____ R-1 MOTEL, HOTEL 2. _____ R-2 MULTI-FAMILY 3. _____ R-3 One and Two Family Attached 4. _____ R-4 One and Two Family Detached 5. _____ GARAGE 6. _____ CARPORT 7. _____ MOBILE HOME 8. _____ SWIMMING POOL 9. _____ FENCES 10. _____ SIGNS 11. _____ FIREPLACE 12. _____ OTHER, SPECIFY _____	1. _____ A-1-A THEATERS W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED 2. _____ A-1-B THEATERS W/O STAGE 14. _____ I-3 INSTITUTIONAL RESTRAINED 3. _____ A-2 NIGHT CLUBS 15. _____ M MERCANTILE 4. _____ A-3 RESTAURANTS 16. _____ S-1 STORAGE MODERATE 5. _____ A-4 CHURCHES 17. _____ S-2 STORAGE LOW 6. _____ A-5 STADIUMS 18. _____ SWIMMING POOL 7. _____ B BUSINESS 19. _____ FENCES 8. _____ E EDUCATIONAL 20. _____ SIGNS 9. _____ F-1 FACTORY (MOD HAZ) 21. _____ OTHER 10. _____ F-2 FACTORY (LOW HAZ) SPECIFY _____ 11. _____ H HIGH HAZARD 12. _____ I-1 INSTITUTIONAL GROUP HOME	(COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) <b>SINGLE FAMILY</b> 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF <b>MULTI-FAMILY</b> 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 6. _____ FULL 7. _____ HALF <b>TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS</b> 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 \$ _____ TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ 3. PLUMBING AND PIPING \$ _____ 4. HEATING, AIR COND. \$ _____ 5. OTHER, ELEVATOR, ETC. \$ _____ <b>TOTAL COST \$ _____</b>

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 \$ _____ <b>TOTAL PERMIT FEE \$ _____</b> 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00

L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT **	BUILDING OFFICIAL'S SIGNATURE
1. ENCLOSED _____ 2. OUTDOORS _____	1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	1. INCINERATOR _____ 2. ELEVATOR (Enter Number) _____	_____ BUILDING OFFICIAL'S SIGNATURE

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 \_\_\_\_\_

\*IN-STATE CONTRACTOR = 0; OUT-OF-STATE CONTRACTOR = 1  
 \*\*STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION TEL. NO. \_\_\_\_\_

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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