

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND
BUILDING PERMIT APPLICATION

MUNICIPALITY SMITHFIELD ISSUED _____ NUMERICAL CODE _____ PERMIT NO. _____
APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED \$ _____ BY _____
1. STREET LOCATION _____ 2. ZONING DISTRICT _____
3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. AREA _____ 7. REHAB CODE (Circle one) YES NO
8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
9. OWNER _____ ADDRESS _____ TEL. NO. _____
10. CONTRACTOR (0 OR 1*) _____ TEL. NO. _____
11. CONTRACTOR ADDRESS _____ 12. RI CONTR. REG. # _____ 13. EXPIR. DATE _____
14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
15. LEAD LICENSE NAME _____ 16. LIC. # _____ 17. EXPIR. DATE _____
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:

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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

A. TYPE OF IMPROVEMENT
1. NEW STRUCTURE
2. ADDITION TO EXISTING
3. MODIFICATION TO EXISTING
4. FOUNDATION ONLY
B. OWNERSHIP
PUBLIC PRIVATE
1. STATE 4. TAXABLE
2. CITY OR TOWN 5. TAX EXEMPT
3. OTHER SPECIFY _____
C. PRINCIPAL TYPE OF CONSTRUCTION (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
1. R-1 HOTELS
2. R-2 APARTMENTS
3. R-3 Attached One and Two Family
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 _____
E. PROPOSED USE NON-RESIDENTIAL
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 HAZARD) 18. S-1 STORAGE MOD HAZARD
7. F-2 FACTORY (LOW HAZARD) 19. S-2 STORAGE LOW HAZARD
8. H-1 HIGH HAZARD DETONATION 20. U UTILITY MISCELLANEOUS
9. H-2 DEFLAGRATION
10. H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____
11. H-4 HIGH HAZARD CORROSIVE TOXIC
12. H-5 HIGH HAZARD, HPM
22. MIXED USE _____
F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)
SINGLE FAMILY
1. TOTAL SINGLE FAMILY UNITS
2. TOTAL NO. OF BEDROOMS
TOTAL NO. OF BATHROOMS 3. Full 4. Half
MULTI-FAMILY
5. TOTAL NO. OF KITCHENS
TOTAL NO. OF BATHROOMS 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
1. FRONT ft. in.
2. REAR ft. in.
3. LEFT SIDE ft. in.
4. RIGHT SIDE ft. in.
H. DIMENSIONS
1. No. of Stories 2. Basement Yes No
3. Height of Construction Ft. MAX. MAX. WIDTH DEPTH
4. Total Floor Area Sq. Ft. w/o Basement
I. ESTIMATED COST MATERIAL AND LABOR
1. GENERAL \$.00
TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
2. ELECTRICAL \$.00
3. PLUMBING OR PIPING \$.00
4. HEATING, AIR COND. \$.00
5. FIRE SUPPRESSION \$.00
6. OTHER, ELEVATOR, ETC. \$.00
TOTAL COST \$.00

J. FLOOD HAZARD AREA - 1. YES 2. NO
1. Elev. (MSL) of lowest floor incl. basement
2. Elev. (MSL) of 100 year flood
K. TYPES OF SEWAGE DISPOSAL
1. PUBLIC 2. PRIVATE SYSTEM*
3. ISDS NO. DATE
L. NUMBER OF OFF-STREET PARKING SPACES
1. ENCLOSED
2. OUTDOORS
M. TYPE OF WATER SUPPLY
1. PUBLIC
2. PRIVATE
3. INDIVIDUAL WELL
N. EQUIPMENT*
1. INCINERATOR
2. ELEVATOR (Enter Number)
O. FEES
1. MUNICIPAL BUILDING PERMIT FEE = \$.00
2. STATE FEE: + x .001 \$.00
(I) ITEM #1 + ITEM #5 x .001
TOTAL PERMIT FEE \$.00
(1 & 2 FAMILY DWELLING LIMITED)
(TO STATE FEE OF \$50.00)

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