

**THE CITY OF WARWICK
Public Records Request Form
RIGL 38-2-3**

Name: Eli Salsberry (Hoffman Engineering Inc.)
Address: 640 Ten Rod Road
City: North Kingstown State: RI Zip Code: 02852
Phone: (optional) (401) 294-9032 E-mail address: (optional) hoffmanengineering@verizon.net
Date: March 4, 2016

Record (s) Requested:

Tax Assessor Field Cards for Site located at: 2157 West Shore Road, Warwick, Rhode Island
TAX ID: 350/0312/0000/ /

Any old field cards for the Site, any information the Fire Department may have on the property including Underground Storage Tanks, permits for hazardous materials, and any information on the former septic system and when the sewer was connected to the Site.

Record(s) Request for Real Property – Please list address along with Assessor’s Plat and Lot:

2157 West Shore Road, Warwick, RI 350/0312/0000/ /

Time period request covers:

As far back in time as there are records for.

Please Note: Per section 38-2-3 (d) the policy of the City of Warwick is that this form be filed with the office of the City Clerk. The Clerk’s office will then forward the request to the appropriate department for response. Per section 38-2-4 of the Rhode Island General Laws, the City will charge a fee of .15 per page for copies of public documents, unless such documents have a fee structure which is prescribed by state statute. Additionally, if the requested information requires research on the part of City personnel, the City will charge a research fee of \$15.00 per hour and/or the cost of retrieving records from storage where the public body is assessed a retrieval fee. The first hour (1 hour) of research, however, will be provided at no charge. If after review of your request the department determines that the requested records are exempt from disclosure for a reason set forth in RIGL 38-2-2(4)(i)(A) through (Y), the City reserves its right to claim such exemption.

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(FOR CITY USE ONLY) Request taken by: _____
Date: _____ Time: _____
Costs: _____ for copies _____ for search and retrieval

WARWICK POLICE DEPARTMENT

Licensing Division

468-4340

Building Dept Fire Prevention Tax Collector Health Dept

It is requested that an review be made by your department of the establishment listed below. Please enter your remarks on this form and return by: Board of Public Safety Hearing Date: 03/12/13

Business Name: Billys Flowers

Address: 2157 W Shore Rd

Phone Number: 837-1256

Name of Applicant: William Dimeo

Type of License: **Flower Vendor**

Change of Ownership New License * New Construction

Name Change of Establishment Renewal

Name of Previous Business at same location: 03/31 & 05/12 2013

- *Plans must be submitted to the R.I. Dept. of Health*
-

Remarks of investigating agency and Inspector's signature.

No objections - Peter J. Marzetta
3-4-13

**CITY OF WARWICK FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
111 VETERANS MEMORIAL DRIVE
WARWICK, RI 02886
PHONE – (401) 468-4050
FAX – (401) 468-4051**

January 15, 2013

Fred's Autohaus, Inc.
2157 West Shore Rd.
Warwick, RI 02889

Whoever This May Concern:

I have enclosed a new application for flammables & hazardous substances. We are currently in the process of updating our files. We need to know if your place of business stores any of these substances inside or outside of your building. The City of Warwick requires you to have a flammable permit for any storage over 5 gallons.

Please fill out the forms and return it to me as soon as possible. I have also enclosed the annual price list for keeping hazardous or flammable substances on the premises.

The application will be presented to the board of Public Safety for approval. When approved, we will issue you a new permit. You will be billed annually to keep the permit active. Please enclose a check with the application made out to the Warwick Fire Department. If you do not have flammables or hazardous materials then please return the form to us with just the top filled out.

If you have any questions, please feel free to contact me at 468-4050.

Sincerely,

Peter J. Marietti, III
Fire Marshal

Copy

**WARWICK FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
140 VETERANS MEMORIAL DRIVE
WARWICK, RI 02886
401-468-4050**

COMPLAINT FORM

DATE:	7/19/07
LOCATION:	FRED'S AUTO HOUS, INC. (BEHIND BUILDING)
OWNER:	
ADDRESS:	2157 WEST SHORE RD
OCCUPANT	RES/COMMERCIAL BLDG
BUILDING:	
COMPLAINT	10-15 CARS ARE BEHIND THIS BUSINESS. THEY ARE CUTTING OUT GAS TANKS AND THE FUMES ARE BOTHERING RESIDENTS WHO LIVE BEHIND IT. THEY CLAIM THERE IS GASOLINE GOING DIRECTLY INTO THE GROUND.
COMPLAINANT:	ANONYMOUS NEIGHBOR
ADDRESS:	
ACTION TAKEN:	Spoke w/owner Fred Rios on 7-20-07
DEFECT CORRECTED:	
INVESTIGATED BY:	STEVE HUGHES
REMARKS:	

Cable Hill Development

Toured property w/owner. He Rents various areas out to people to store vehicles prior to going to salvage. Evidence of fuel tanks found stored in a van but no odor of fuel was present. Owner said he would speak to Renters

Steve Hughes



I. J. OWENS
Fire Marshal

CITY OF WARWICK FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

140 VETERANS MEMORIAL DRIVE, WARWICK, RHODE ISLAND 02886

TELEPHONE (401) 732-1710 or 1711



DATE August 3, 1990
CAPACITY _____

ADDRESS: 2/27 West Shore Road

OCCUPANT: Unknown
Warwick, Rhode

BUILDING OWNER: Steven Sliney
John Potter Road
West Greenwich, RI

FILE NUMBER: 39-366

INSPECTED BY: Bernard Ginaitt

DATE OF INSPECTION: August 2, 1990

CONSTRUCTION: Block

BASIS FOR INSPECTION: Plan Review

SQUARE FOOTAGE: 1800 ea.
section

BUILDING INSPECTED UNDER THE RHODE ISLAND FIRE SAFETY CODE
23-28.17

The following deficiencies pertain to the R.I. Fire Safety
Code:

1. Contact Fire Alarm Superintendent for fire alarm requirements.
2. Portable fire extinguishers required.

Any violation, deficiency or requirement which may have been overlooked in the course of this inspection is also subject to correction under the provisions of any applicable code.

BUILDING PERMIT APPLICATION

OFFICE FILE (LOCATION)

MUNICIPALITY 59 NUMERICAL CODE _____ PERMIT NO. _____
 APPLICATION DATE 7-12-90 CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

I. IMPORTANT: PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

1. STREET LOCATION UNSUB WEST SHORE Rd 2. ZONING DISTRICT A7 + GB
 3. PLAT/MAP 350 4. LOT/BLOCK 312 5. FILE/PARCEL _____ 6. AREA 2.87 ACRES 7. FIRE DISTRICT NO. (0 or 1) PH-6781
 8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 9. OWNER STEVEN SINEY ADDRESS John Potter Rd West GREENWICH TEL. NO. 397 4404
 10. CONTRACTOR (0 or 1*) STEVEN SINEY ADDRESS SAME TEL. NO. _____
 11. ARCH. OR ENG. WARREN DUCHARME ADDRESS _____ TEL. NO. _____
 12. RHODE ISLAND REG. NO. 1281 13. Stamped Prints (Circle one) Yes No 14. Certificate of Occupancy Required Yes No

15. DESCRIPTION OF WORK TO BE PERFORMED. 60x70 Block Building
 16. USE OF EACH FLOOR
 BSMT. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

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

<p>A. TYPE OF IMPROVEMENT</p> <p>1. <input checked="" type="checkbox"/> NEW STRUCTURE 2. _____ ADDITION TO STRUCTURE 3. _____ INSTALLATION 4. _____ RECONSTRUCTION 5. _____ REPLACEMENT 6. _____ FOUNDATION ONLY</p>	<p>B. OWNERSHIP</p> <p>PUBLIC _____ <u>PRIVATE</u> _____</p> <p>1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY _____</p>	<p>C. ESTIMATED COST MATERIAL AND LABOR</p> <p>1. STRUCTURAL \$ _____ 00 <small>TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST</small> 2. ELECTRICAL \$ <u>8400</u> 00 3. PLUMBING OR PIPING \$ <u>3000</u> 00 4. HEATING, AIR COND. \$ <u>3000</u> 00 5. OTHER, ELEVATOR, ETC. \$ _____ 00 TOTAL COST \$ _____ 00</p>	
<p>D. PROPOSED USE RESIDENTIAL</p> <p>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 0. _____ SIGNS 1. _____ FIREPLACE 2. _____ OTHER, SPECIFY _____</p>	<p>E. PROPOSED USE NON-RESIDENTIAL</p> <p>1. _____ A-1-A THEATRES W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED 2. _____ A-1-B THEATRES 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. <input checked="" type="checkbox"/> 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 _____</p>	<p>F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS, AND RECONSTRUCTION)</p> <p style="text-align: center;">SINGLE FAMILY</p> <p>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.</p>	
<p>G. FOUNDATION SETS BACK FROM PROPERTY LINES</p> <p>FRONT <u>230'</u> ft. _____ in. REAR <u>230'</u> ft. _____ in. LEFT SIDE <u>156'</u> ft. _____ in. RIGHT SIDE <u>30'</u> ft. _____ in.</p>	<p>H. DIMENSIONS</p> <p>1. No. of Stories <u>1</u> 2. Basement: Yes No _____ 3. Height of Construction Ft. <u>17'</u> MAX. WIDTH <u>60'</u> MAX. DEPTH <u>70'</u> 4. Total Floor Area Sq. Ft. w/o Basement <u>4200</u></p>	<p>I. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one))</p> <p>1. 1A _____ 5. 2C _____ 9. 5A _____ 2. 1B _____ 6. 3A _____ 10. 5B _____ 3. 2A _____ 7. 3B _____ 4. 2B _____ 8. 4 _____</p>	
<p>FLOOD HAZARD AREA - 1. YES 2. NO</p> <p>Elev. (MSL) of lowest floor incl. basement _____ Elev. (MSL) of 100 year flood _____</p>	<p>K. TYPES OF SEWAGE DISPOSAL</p> <p>1. <input checked="" type="checkbox"/> PUBLIC PRIVATE SYSTEM* 3. ISDS NO. <u>7533</u> DATE <u>5/17/90</u></p>	<p>L. PRINCIPAL TYPE OF HEATING FUEL</p> <p>1. <input checked="" type="checkbox"/> GAS 2. _____ ELECTRICITY 3. _____ OIL 4. _____ COAL 5. _____ SOLAR 6. _____ OTHER _____</p>	
<p>NUMBER OF OFF-STREET PARKING SPACES</p> <p>ENCLOSED _____ OUTDOORS _____</p>	<p>N. TYPE OF WATER SUPPLY</p> <p>1. <input checked="" type="checkbox"/> PUBLIC 2. _____ PRIVATE SYSTEM 3. _____ INDIVIDUAL, WELL</p>	<p>O. EQUIPMENT*</p> <p>1. INCINERATOR _____ 2. ELEVATOR (Enter Number) _____</p>	<p>P. TYPE OF MECHANICAL AND AIR CONDITIONING</p> <p>1. _____ Central-Electric 5. _____ Heat Pump 2. _____ Central-Gas 6. _____ Solar Hot Water 3. _____ Individual RM. A/C 7. _____ Solar Heat 4. _____ Oil 8. _____ Other</p>

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.

STATE CONTRACTOR = 0 UT-OF-STATE CONTRACTOR = 1
 TEL. NO. 397 4404 APPLICANT'S SIGNATURE Steven Siney
 FOR SAME