

WILD JUDY

From: Hafferty Deborah L
Sent: Friday, August 26, 2016 3:27 PM
To: lmclure@atr.guru
Cc: WILD JUDY
Subject: Public Records Request
Attachments: _0826152351_001.pdf

Hi Lisa –

In response to your public records request for property located at 26 Grand Avenue, Warwick, RI, please see attached permits.

There are currently no outstanding violations (Property Maintenance, Zoning or Building).

Please advise if you have any questions.

Debbie

*Deborah L. Hafferty
City of Warwick Building Department
3275 Post Road
Warwick, RI 02886
(401) 738-2000 ext. 6299
Fax: (401) 732-5071
Email: Deborah.l.hafferty@warwickri.com*

POST THIS CARD SO IT IS VISIBLE FROM STREET

BUILDING PERMIT

FEE PAID \$ 85.-

Received By Colleen HALLIS

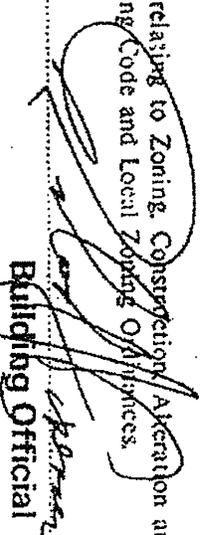
Date Granted 11-9 19 88

Numerical Code

THIS CERTIFIES THAT MICHAEL HARRINGTON has permission to CONSTRUCT a 6' x 20' DR. CAR GARAGE. PER PLANS SUBMITTED. MUST COMPLY TO ALL BLDG + ZONING CODE REQUIREMENTS.

Located at 26 Grand Ave. Plat/Map 358 Lot/Block 70 Parcel/File

provided that the person accepting this Permit shall in every respect conform to the terms of the application on file in this office and to the provisions of the Statutes and Ordinances relating to Zoning, Construction, Alteration and Maintenance of Buildings in the municipality and shall begin work on said building within SIX MONTHS from the date hereof and prosecute the work thereon to a speedy Completion. Any person who shall violate any of the Statutes and Ordinances relating to Zoning, Construction, Alteration and Maintenance in the municipality shall be punished by penalties imposed by the State Building Code and Local Zoning Ordinances.


Building Official

BUILDING INSPECTION APPROVALS: WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.

STAGE OF CONSTRUCTION	SIGNATURE	STAGE OF CONSTRUCTION	SIGNATURE
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

This Permit must be returned for Certificate of Occupancy.

On remote sites this card may be kept within the contractor's vehicle, readily available for inspection

20542 / 88

IMPORTANT PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

1. STREET LOCATION 26 Grand Ave. 2. ZONING DISTRICT A-7
 3. PLAT/MAP 358 4. LOT/BLOCK 70 5. FILE/PARCEL 6. AREA 14,447 7. FIRE DISTRICT NO. (0 or 1)
 8. USE OF STRUCTURE: PREVIOUS PROPOSED
 9. OWNER Michael Harrington ADDRESS 26 Grand Ave. TEL. NO. 732-1333
 10. CONTRACTOR (0 or 1) Owner ADDRESS TEL. NO.
 11. ARCH. OR ENG. ADDRESS TEL. NO.
 12. RHODE ISLAND REG. NO. 13. Stamped Prints (Circle one) Yes No 14. Certificate of Occupancy Required Yes No
 15. DESCRIPTION OF WORK TO BE PERFORMED. Construct a 6' X 20' one car garage 16. USE OF EACH FLOOR
 BSMT.
 1st
 2nd
 3rd
 Other

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

A. TYPE OF IMPROVEMENT 1. <input type="checkbox"/> NEW STRUCTURE 2. <input checked="" type="checkbox"/> ADDITION TO STRUCTURE 3. <input type="checkbox"/> INSTALLATION 4. <input type="checkbox"/> RECONSTRUCTION 5. <input type="checkbox"/> REPLACEMENT 6. <input type="checkbox"/> FOUNDATION ONLY		B. OWNERSHIP PUBLIC PRIVATE 1. <input type="checkbox"/> STATE 4. <input checked="" type="checkbox"/> TAXABLE 2. <input type="checkbox"/> CITY OR TOWN 5. <input type="checkbox"/> TAX EXEMPT 3. <input type="checkbox"/> OTHER, SPECIFY <u> </u>		C. ESTIMATED COST MATERIAL AND LABOR 1. STRUCTURAL \$ <u>7000.</u> <u>00</u> 75. TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ <u>500.</u> <u>00</u> 10. 3. PLUMBING OR PIPING \$ <u> </u> <u>00</u> 4. HEATING, AIR COND. \$ <u> </u> <u>00</u> 5. OTHER, ELEVATOR, ETC. \$ <u> </u> <u>00</u> TOTAL COST \$ <u> </u> <u>00</u>	
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D. PROPOSED USE RESIDENTIAL 1. <input type="checkbox"/> R-1 MOTEL, HOTEL 2. <input type="checkbox"/> R-2 MULTI-FAMILY 3. <input type="checkbox"/> R-3 One and Two Family Attached 4. <input type="checkbox"/> R-4 One and Two Family Detached 5. <input checked="" type="checkbox"/> GARAGE 6. <input type="checkbox"/> CARPORT 7. <input type="checkbox"/> MOBILE HOME 8. <input type="checkbox"/> SWIMMING POOL 9. <input type="checkbox"/> FENCES 10. <input type="checkbox"/> SIGNS 11. <input type="checkbox"/> FIREPLACE 12. <input type="checkbox"/> OTHER, SPECIFY <u> </u>		E. PROPOSED USE NON-RESIDENTIAL 1. <input type="checkbox"/> A-1-A THEATRES INSTALLED 13. <input type="checkbox"/> I-2 INSTITUTIONAL INCAPACITATED 2. <input type="checkbox"/> A-1-B THEATRES W/O STAGE 14. <input type="checkbox"/> I-3 INSTITUTIONAL RESTRAINED 3. <input type="checkbox"/> A-2 NIGHT CLUBS 15. <input type="checkbox"/> M MERCANTILE 4. <input type="checkbox"/> A-3 RESTAURANTS 16. <input type="checkbox"/> S-1 STORAGE MODERATE 5. <input type="checkbox"/> A-4 CHURCHES 17. <input type="checkbox"/> S-2 STORAGE LOW 6. <input type="checkbox"/> A-5 STADIUMS 18. <input type="checkbox"/> SWIMMING POOL 7. <input type="checkbox"/> B BUSINESS 19. <input type="checkbox"/> FENCES 8. <input type="checkbox"/> E EDUCATIONAL 20. <input type="checkbox"/> SIGNS 9. <input type="checkbox"/> F-1 FACTORY (HIG HAZ.) 21. <input type="checkbox"/> OTHER 10. <input type="checkbox"/> F-2 FACTORY (LOW HAZ.) SPECIFY <u> </u> 11. <input type="checkbox"/> H HIGH HAZARD 12. <input type="checkbox"/> I-1 INSTITUTIONAL GROUP HOME		F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS, AND RECONSTRUCTION) SINGLE FAMILY 1. <input type="checkbox"/> TOTAL SINGLE FAMILY UNITS 2. <input type="checkbox"/> TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. <input type="checkbox"/> Full 4. <input type="checkbox"/> Half MULTI-FAMILY 5. <input type="checkbox"/> TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 6. <input type="checkbox"/> Full 7. <input type="checkbox"/> Half TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 8. Effic. <input type="checkbox"/> 9. 1 <input type="checkbox"/> 10. 2 <input type="checkbox"/> 11. 3 <input type="checkbox"/> 12. 4 <input type="checkbox"/> 13. 5 <input type="checkbox"/> 14. <input type="checkbox"/> MORE, Please Specify <u> </u> 15. <input type="checkbox"/> TOTAL NUMBER OF BUILDINGS IN PROJECT.	
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G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT <u> </u> ft. <u>40</u> in. 2. REAR <u> </u> ft. <u>140</u> in. 3. LEFT SIDE <u> </u> ft. <u>8</u> in. 4. RIGHT SIDE <u> </u> ft. <u>8</u> in.		H. DIMENSIONS 1. No. of Stories <u>1</u> 2. Basement <input checked="" type="checkbox"/> No. <u> </u> 3. Height of Construction Ft. <u>16</u> MAX WIDTH <u>16</u> MAX DEPTH <u>22</u> 4. Total Floor Area Sq. Ft. w/o Basement <u> </u>		I. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one)) 1. 1A <input type="checkbox"/> 5. 2C <input type="checkbox"/> 9. 5A <input type="checkbox"/> 2. 1B <input type="checkbox"/> 6. 3A <input type="checkbox"/> 10. 5B <input type="checkbox"/> 3. 2A <input type="checkbox"/> 7. 3B <input type="checkbox"/> 4. 2B <input type="checkbox"/> 8. 4 <input type="checkbox"/>	
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J. FLOOD HAZARD AREA <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1. Elev. (MSL) of lowest floor incl. basement <u> </u> 2. Elev. (MSL) of 100 year flood <u> </u>		K. TYPES OF SEWAGE DISPOSAL 1. <input type="checkbox"/> PUBLIC 2. <input type="checkbox"/> PRIVATE SYSTEM 3. ISDS NO. <u> </u> DATE <u> </u>		L. PRINCIPAL TYPE OF HEATING FUEL 1. <input type="checkbox"/> GAS 2. <input type="checkbox"/> ELECTRICITY 3. <input type="checkbox"/> OIL 4. <input type="checkbox"/> COAL 5. <input type="checkbox"/> SOLAR 6. <input type="checkbox"/> OTHER	
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M. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED <u> </u> 2. OUTDOORS <u> </u>		N. TYPE OF WATER SUPPLY 1. <input type="checkbox"/> PUBLIC 2. <input type="checkbox"/> PRIVATE SYSTEM 3. <input type="checkbox"/> INDIVIDUAL WELL		O. EQUIPMENT* 1. INCINERATOR <u> </u> 2. ELEVATOR (Enter Number) <u> </u>		P. TYPE OF MECHANICAL AND AIR CONDITIONING 1. <input type="checkbox"/> Central-Electric 5. <input type="checkbox"/> Heat Pump 2. <input type="checkbox"/> Central-Gas 6. <input type="checkbox"/> Solar Hot Water 3. <input type="checkbox"/> Individual RM. A/C 7. <input type="checkbox"/> Solar Heat 4. <input type="checkbox"/> Oil 8. <input type="checkbox"/> Other	
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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
 STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.
 TEL. NO. APPLICANT'S SIGNATURE Michael Harrington
 FOR

MUNICIPALITY WARWICK ISSUED 10/13/2009 NUMERICAL CODE 35 PERMIT NO. B09-01499
 APPLICATION DATE 10/13/2009 CENSUS TRACT _____ FEE REC. \$ 118.00 FEE BY _____

1. STREET LOCATION 26 GRAND AVE 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 358-0070-0000 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS 1 FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER SCHULTZ, LEON W, 26 GRAND AVE, WARWICK, RI 02889 TEL. NO. _____
 10. CONTRACTOR DARIUSZ MATUSZEI, 40 N. QUIDNESSETT RD. IN-STATE? Yes No TEL. NO. 230-0680
 11. CONTRACTOR ADDRESS N. KINGSTOWN, RI 02852 12. REG #: 24858 13. EXP: 05/01/2010
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC #: _____ 17. EXP: 11
 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
STRIP & RESHINGLE ROOF TO CODE.

22. USE OF EACH FLOOR
 Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION: _____

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. <input checked="" type="checkbox"/> MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>

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 MULTIFAMILY 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> MAX. MAX. 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ <u>7500</u> (TO BE INSTALLED AND 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 \$ <u>7500</u>

J. FLOOD HAZARD AREA-1. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <u>11</u>	RADON FEE \$ <u>0.00</u> MUNICIPAL BUILDING PERMIT FEE \$ <u>110.00</u> CE/ADA FEE \$ <u>8.00</u> TOTAL PERMIT FEE \$ <u>118.00</u> 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
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. _____ C42054

TYPE AND COST OF BUILDING - PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

MUNICIPALITY WARWICK ISSUED 11/20/2009 NUMERICAL CODE 35 PERMIT NO. B09-01747
 APPLICATION DATE 11/20/2009 CENSUS TRACT _____ FEE REC. \$ 63.00 FEE BY _____

1. STREET LOCATION 26 GRAND AVE 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 358-0070-0000 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS 1 FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER SCHULTZ, LEON W, 26 GRAND AVE, WARWICK, RI 02889 TEL. NO. _____
 10. CONTRACTOR EUROPOL CONSTRUCTION, 40 NO. QUIDNESSET RD. IN-STATE? Yes No TEL. NO. 230-0680
 11. CONTRACTOR ADDRESS NO. KINGSTOWN, RI 12. REG #: 24858 13. EXP: 05/01/2010
 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
REPLACE 2 SQ. OF WOOD SIDING. INSTALL VINYL SOFFIT, WRAP CORNERS & FACIA WITH ALUMINUM COIL. NO STRUCTURAL CHANGES.

22. USE OF EACH FLOOR
 Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION: _____

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. <input checked="" type="checkbox"/> MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>

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 <input type="checkbox"/> No <input checked="" type="checkbox"/> MAX. MAX. 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ _____ 3000 <small>TO BE INCLUDED BUT NOT INCLUDED IN ABOVE COST</small> 2. ELECTRICAL \$ _____ 0 3. PLUMBING AND PIPING \$ _____ 0 4. HEATING, AIR COND. \$ _____ 0 5. FIRE SUPPRESSION \$ _____ 0 6. OTHER, ELEVATOR, ETC. \$ _____ 0 TOTAL COST \$ 3000

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 <u>//</u>	RADON FEE \$ _____ 0.00 MUNICIPAL BUILDING PERMIT FEE \$ _____ 60.00 CE/ADA FEE \$ _____ 3.00 TOTAL PERMIT FEE \$ 63.00 1 & 2 FAMILY DWELLING LIMITED TO CE/ADA FEE OF \$50.00 <small>BUILDING OFFICIAL'S SIGNATURE</small>
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. _____

ATTN # 499992

THE CITY OF WARWICK
PUBLIC RECORDS REQUEST FORM
RIGL 38-2-3 (d)

Name: (optional) Lisa McClure / American Tax Reporting

Address: (optional) _____

City: Dallas State: TX Zip Code: 75234

Phone: (optional) 214-731-7686 E-mail address: (optional) lmcclure@att.guru

Date: 08/25/2016

Record(s) Requested: Open/Expired permits & outstanding

Code violations on: 216 Grand Ave

IF any above found, please include:

- Date of permit/violation - Permit #/case or ticket #

Time period request covers: Any - Type of permit/violation

- Any fees due with remittance instructions

- Any legal action/court dates scheduled

- Any municipal liens outstanding

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.

(FOR CITY USE ONLY) Request taken by: _____

Date: _____ Time: _____

Costs: _____ for copies _____ for search and retrieval