

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND
BUILDING PERMIT APPLICATION

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

1. STREET LOCATION _____ 2. ZONING DISTRICT _____
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. 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 _____

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: 1. STATE, 2. CITY OR TOWN, 3. OTHER, SPECIFY:
PRIVATE: 4. TAXABLE, 5. TAX EXEMPT
C. PRINCIPAL TYPE OF CONSTRUCTION
(CONSTRUCTION CLASS (Check one))
1. 1A, 2. 1B, 3. 2A, 4. 2B, 5. 3A, 6. 3B, 7. 4, 8. 5A, 9. 5B

D. PROPOSED USE RESIDENTIAL
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
E. PROPOSED USE NON-RESIDENTIAL
1. A-1 THEATRES
2. A-2 RESTAURANT/NIGHT CLUB
3. A-3 ASSEMBLY
4. A-4 ARENAS
5. B BUSINESS
6. F-1 FACTORY(mod haz)
7. F-2 FACTORY(low haz)
8. H-1 HIGH HAZARD DETONATION
9. H-2 HIGH HAZARD DEFLAGRATION
10. H-3 HIGH HAZARD PHYSICAL HAZARD
11. H-4 HIGH HAZARD CORROSIVE TOXIC
12. H-5 HIGH HAZARD - HPM
13. I-1 INSTITUTIONAL SUPERVISED
14. I-2 INSTITUTIONAL INCAPACITATED
15. I-3 INSTITUTIONAL RESTRAINED
16. I-4 INSTITUTIONAL DAYCARE
17. M MERCANTILE
18. S-1 STORAGE MOD HAZARD
19. S-2 STORAGE LOW HAZARD
20. U UTILITY MISCELLANEOUS
21. OTHER SPECIFY
22. MIXED USE
F. RESIDENTIAL Complete for new buildings and reconstructions
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
1. FRONT
2. REAR
3. LEFT SIDE
4. RIGHT SIDE
H. DIMENSIONS
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
I. ESTIMATED COST MATERIAL AND LABOR
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
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
O. FEES
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
1. ENCLOSED
2. OUTDOORS
M. TYPE OF WATER SUPPLY
1. PUBLIC
2. PRIVATE
3. INDIVIDUAL WELL
N. EQUIPMENT
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. _____

It shall be the responsibility of the owner/agent to obtain the necessary approvals when required for the construction and/or use of a building or structure. This guideline is provided in order to assist in coordinating the process of approvals on projects and expediting the permit process.

FIRE PREVENTION	468-4050	_____
FIRE ALARM	468-4008	_____
SEWER AUTHORITY	739-4949 468-4723	_____
ONSITE WATER TREATMENT (ISDS)	222-2306	_____
WATER DEPT.	738-2000 EXT. 6610	_____
KENT COUNTY WATER	821-3300	_____
HEALTH DEPT.	222-2750	_____
DOT	222-2378	_____
DIGSAFE	1-888-344-7233	_____
DEM	222-6820	_____
CRMC	783-3370	_____