STATE OF RHODE ISLAND

MECHANICAL PERMIT APPLICATION

MUNICIPALITY **WARWICK** ISSUED _____ NUMERICAL CODE _____ PERMIT NO. _____

APPLICATION DATE _____ CENSUS TRACT _____ FEE RECIEVED: $_____ BY _____

1. STREET LOCATION _____ No. of stories _____

2. PLAT/ MAP _____ 3. LOT/ BLOCK _____ 4. FILE/ PARCEL _____ 5. MATERIAL OF STRUCTURE IS _____

6. USE OF STRUCTURE PREVIOUS _____ PROPOSED _____

7. OWNER _____ ADDRESS _____ TEL. NO. _____

8. CONTRACTOR _____ ADDRESS _____ TEL. NO. _____

9 ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____

10. STAMPED PRINTS YES_____ NO_____ 11. ARCH.OR ENG. REG. NO. _____ 12. CONTRACTOR'S LIC. NO. _____

13. RATING OF BOILER OR FURNACE _____ Drawings submitted Yes _____ No _____

14. Check one: _____ Construct _____ Install _____ Replace _____ Reconstruct 15. Estimated Cost of Labor and Material: $_____

16. Floor location of equipment_____ Cellar _____ 1st Flr._____ 2nd Flr._____ 3rd Flr._____ Other_____

17. CAPACITY of STORAGE TANK _____ EXISTING _____ NEW _____

18. DESCRIPTION OF WORK TO BE PERFORMED _____

19. Estimated Cost of Labor and Materials: _____

MUNICIPAL MECHANICAL PERMIT FEE: = $ _____

CE & ADA FEE : _____ x .001 = $ _____

ESTIMATED COST x .001

(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF $50.00) TOTAL PERMIT FEE = $ _____

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 application codes and ordinances of the municipality

Tel. No. _____ _____

Signature of Application

Installation for: Incinerators w/ or w/o Air Pollution Control. Settling Chambers. Scrubber AfterBurner.	Boiler Installations. 200.000 BTU or more. or for Dwellings of 6 Units or More.	Elevators. Dumbwaiters. Moving Stairs, and certain other Conveying Devices
This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF HEALTH DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, RI 02903	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED:

DATE_____

BY_____

MECHANICAL INSPECTOR

APPLICANT_____

LOCATION_____

DATE ISSUED_____

NO._____

EXAMINATION OF PLANS

Approved_____ _____
Denied _____ Date

_____
Electrical Inspector
(for electrical installation)

Approved_____ _____
Denied _____ Date

_____
Plumbing Inspector
(for piping installation)

Approved_____ _____
Denied _____ Date

_____
Building Official
(for structural installation)

APPLICATION FOR MECHANICAL EQUIPMENT INSTALLATIONS