BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE		
MUNICIPALITYBa	rrington Numerical Code	01 PERMIT NO.
APPLICATION DATE	CENSUS TRACT FEE RECEI	VED: BY_
APPLICATION DATE 1. STREET LOCATION 3. PLAT/MAP 4. LOT 7. USE OF STRUCTURE: PREVIOU 9. OWNER 10. CONTRACTOR 11. CONTRACTOR ADDRESS 14. LEAD LICENSE NAME 17. ARCH. OR ENG. 18. RHODE ISLAND REG NO. 21. DESCRIPTION OF WORK TO BE		2. ZONING DISTRICT
3. PLAT/MAP 4. LOT	T/BLOCK 5. AREA	6. REHAB CODE(Circle One) YES NO
7. USE OF STRUCTURE: PREVIOU		ED
9. OWNER	ADDRESS	TEL. NO.
10. CONTRACTOR		TEL. NO.
11. CONTRACTOR ADDRESS		12. RI CONT REG # 13. EX DATE
14. LEAD LICENSE NAME		15. LEAD REG # 16. EX DATE
5 17. ARCH. OR ENG.	ADDRESS	
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		22. USE OF EACH FLOOR
		BSMT
		1st
PLEASE		2nd
		3rd
CODE EDITION:		Other
A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
NEW STRUCTURE	PUBLIC PRIVATE	(CONSTRUCTION CLASS (Check One)
2. ADDITION TO EXISTING	1. STATE 4. TAXABLE	1. 1A 4. 2B 7. 4
	-	
4FOUNDATION ONLY	3. OTHER (Specify)	3. 2A 6. 3B 9. 5B
	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL
D. PROPOSED USE RESIDENTIAL 1R-1 HOTELS 2R-2 APARTMENTS 3R-3 ATTACHED ONE & TWO FAMILY	I-1 INSTITUTIONAL 1. A-1 THEATERS 13. SUPERVISED	(COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)
S	I-2 INSTITUTIONAL	2002 5 54400 7
2. R-2 APARTMENTS	2. A-2 REST/NIGHT CLB 14. INCAPACITATED I-3 INSTITUTIONAL	SINGLE FAMILY
	3 A-3 ASSEMBLY 15 RESTRAINED	1TOTAL SINGLE FAMILY UNITS
4. R-4 ASSISTED LIVING 9-16	4. A-4 ARENAS 16. DAYCARE	2TOTAL # OF BEDROOMS
4R-4 ASSISTED LIVING 9-16 5GARAGE	5. B BUSINESS 17. M MERCANTILE	TL# OF BATHROOMS 3. FULL 4. HALF
	F-1 FACTORY S-1STORAGE	
6. CARPORT	6. (MOD HAZARD) 18. MOD HAZARD F-2 FACTORY S-2 STORAGE	MULTI- FAMILY
7MANUFACTURED HOME	7. (LOW HAZARD) 19. LOW HAZARD H-1 HIGH HAZARD U UTILITY	5TOTAL # OF KITCHENS
7MANUFACTURED HOME 8SWIMMING POOL 9ONE & TWO FAMILY DETACHED	8DETONATION 20MISC.	TL # OF BATHROOMS 3FULL 4HALF
9. ONE & TWO FAMILY DETACHED	H-2 HIGH HAZARD 9. DEFLAGRATION 21. OTHER	TOTAL # OF APARTMENTS BY # OF BEDROOMS
O — FIREDI A OF	H-3 HIGH HAZARD	
10FIREPLACE	10. PHYSICAL HAZARD SPECIFY H-4 HIGH HAZARD	8. EFFIC 9. 1 10. 2
T11. OTHER	11. CORROSIVE TOXIC 22. MIXED USE H-5 HIGH HAZARD	11. 3 12. 4 13. 5
SPECIFY	12 HMP	14. MORE, PLEASE SPECIFY
팡		15TOTAL NUMBER OF BUILDINGS IN PROJECT
11. OTHER SPECIFY G. FOUNDATION SETBACKS FROM PROPERTY LINES 1. FRONT ft. in. 2. REAR ft. in. 3. LFT SIDE ft. in. 4. RT SIDE ft. in.	H. DIMENSIONS	I. ESTIMATED COST MATERIAL AND LABOR
FROM PROPERTY LINES		1. GENERAL \$
1. FRONT ft. in.	1. NO OF STORIES 2. BASEMENT: YES NO	TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
2. REAR ft. in.		2. ELECTRICAL \$
3. LFT SIDE ft. in.	3. HEIGHT OF CONSTRUCTION FT WDTH DPTH	3. PLUMBING OR PIPING \$
4. RT SIDE ft. in.	4. TL FLOOR ARE SQ FT W/O BASEMENT	4. HEATING, AIR COND \$
<u> </u>	I. TETEGORYINE GQTT W/O B/OEMENT	5. FIRE SUPPRESSION \$
J. FLOOD HAZARD AREA - 1. YES 2. NO	K. TYPES OF SEWAGE DISPOSAL	6. OTHER, ELEVATOR, ETC. \$
1. ELEV (MSL) OF	K. THEOOF GEWAGE BIOLOGAE	TOTAL COST \$
LOWEST FLOOR		
INC. BASEMENT	1. PUBLIC 2. PRIVATE SYSTEM	
^{2.} ELEV. (MSL) OF	3. ISDS# DATE	1. MUNICIPAL BUILDING
1. ELEV (MSL) OF LOWEST FLOOR INC. BASEMENT 2. ELEV. (MSL) OF 100 YEAR FLOOD L. NUMBER OF OFF-STREET		PERMIT FEE \$00
L. NUMBER OF OFF-STREET	M. TYPE OF WATER SUPPLY	2. STATE FEE \$00
PARKING SPACES	1. PUBLIC	
1. ENCLOSED	2. PRIVATE	TOTAL PERMIT FEE \$00
2. OUTDOORS	3INDIVIDUAL WELL	(1 & 2 FAMILY DWELLING LIMITED TO A STATE FEE OF \$50)
	oregoing application, that the application is correct, and that the c	owner of this building and the undersigned agree to conform
to all the applicable codes and ordinances of this juris	saiction.	

TEL# APPLICANT'S SIGNATURE FOR FOR