

## BUILDING PERMIT APPLICATION

<b>MUNICIPALITY: TOWN OF SMITHFIELD</b>			<b>Project N<sup>o</sup> / Numerical Code</b>		<b>Permit N<sup>o</sup></b>	
Application Date: _____		Application received by _____		Fee Received \$ _____		Fee received by _____
<b>1. Site Location (911)</b>				2. Zoning District _____		
4. Plat _____ 5. Lot _____ 6. Area _____ 7. Previous Use _____				3. Rehab Code _____ Circle1 YES NO		
8. Proposed Use _____						
<b>9. OWNER:</b>			ADDRESS _____		TEL N <sup>o</sup> _____	
<b>10. CONTRACTOR:</b>			ADDRESS _____		TEL N <sup>o</sup> _____	
11. RI REG N <sup>o</sup> _____		12. EXPIR Date: _____		13. LEAD LIC N <sup>o</sup> _____		14. EXPIR Date: _____
<b>15. Architect / Engineer</b>			ADDRESS _____		TEL N <sup>o</sup> _____	
16. RI Reg. N <sup>o</sup> _____		17. Stamped Prints (Circle one) Yes No		18. Certificate of Occupancy Required YES NO		
<b>20. DESCRIPTION OF WORK TO PERFORMED:</b>				<b>21. USE OF EACH FLOOR</b>		
				BSMT.		
				1 <sup>st</sup>		
				2 <sup>nd</sup>		
				3 <sup>rd</sup>		
				4 <sup>th</sup>		
				5 <sup>th</sup>		
				Other _____		
<b>A Type of Improvement</b>		<b>B OWNERSHIP</b>		<b>C Type of Construction (1 Only*)</b>		
1. New Structure		Public Private		1. 1A _____ 4. 2B _____ 7. 4 _____		
2. Addition to Existing		1. STATE 4. Taxable		2. 1B _____ 5. 3A _____ 8. 5A _____		
3. Modification to Existing		2. Municipal 5. Tax Exempt		3. 2A _____ 6. 3B _____ 9. 5B _____		
4. Foundation Only		3. Other Specify _____				
5. Other Specify _____				* Limited to least of construction rating 1A Highest 5B Lowest		
<b>D Proposed Use Residential</b>		<b>E Proposed Use Non-Residential</b>		<b>F Residential Uses</b> New Renovate		
1. R-1 Hotels		1. A1 Theater 13. B Business		<b>Single Family Dwellings + Townhouse</b> SBC-2		
2. R-2 Apartments		2. A2 Rest./ Nightclub 14. E Education		1 _____ Total Single Family Units _____		
3. R-3 Residential		3. A3 Assembly Rec 15. 11 Inst. Supervised		2 _____ Total N <sup>o</sup> of Bedrooms _____		
4. R-4 Assisted Living		4. A4 Assembly Arena 16. 12 Inst. Incarcerate		Total N <sup>o</sup> of Baths 3. Full 4. Half		
5. Garage / Carport		5. A5 Assembly Outdr. 17. 13 Inst. Restrained		<b>Multi Family Dwellings</b> SBC-1 R2		
6. Manufactured Home HUD		6. F1 Factory Modr. 18. 14 Inst. Day Care		5. Total N <sup>o</sup> of Kitchens _____		
7. Modular Home (IIBC)		7. F2 Factory Low 19. M Mercantile		Total N <sup>o</sup> of Baths 6. Full 7. Half		
8. Swimming Pool		8. H1 H Hz Detonate 20. S1 Storage Mod.		Total No. of Apartments by No. of Bedrooms		
9. 1+2 Family Detach SBC2		9. H2 H Hz Deflagrate 21. S2 Storage Low		8. Effic. 9. 1Br 10. 2Br		
10. Fireplace		10.H3 H Hz Physical 22. U Utility Misc.		11. 3Br 12. 4Br 13. 5Br		
11. Other Specify _____		11.H4 H Hz Corr. Toxic 23. Other		14. More Specify _____		
		12.H5 H Hz Mat Prod 24. Mixed Use		15. Total Buildings in Project (Site) _____		
<b>G. Foundation Setbacks From property</b>		<b>H. Building Dimensions</b>		<b>I. PROJECT COST MATERIAL AND LABOR</b>		
1. Front		1. Number of Stories _____		VALUE Mat/Labor		FEE / Sch.
2. Rear		2. Basement Yes No		1 GENERAL .00		.00
3. Left		3. Height Ft. _____		2. ELECTRICAL (+Alarm Telecom) .00		.00
4. Right		4. Width Ft. _____		3 Plumbing / Piping .00		.00
		5. Depth Ft. _____		4 MECHANICAL Heat Air Cond. .00		.00
<b>J. FLOOD HAZARD AREA</b>		5. Bld Ftprnt Sf. _____		5 FIRE SUPPRESSION .00		.00
YES NO		6. Total Gross SF _____		6 DEMOLITION .00		.00
1. MAP# _____		<b>K. SEWAGE DISPOSAL</b>		7 <u>DLT BOILER</u> <sup>*1</sup> .00		.00
2. ZONE _____		1. PUBLIC		8 <u>DLT ELEVATOR / LIFT</u> <sup>*2</sup> .00		.00
3. ELEV. _____		2. PRIVATE				
<a href="#">FEMA map required</a>		3. OSWTS # _____		<b>TOTAL PROJECT COST</b> .00		
		DATE _____		<b>TOTAL PERMIT FEES</b> _____		.00
<b>L. OFF STREET PARKING</b>		<b>M. WATER SUPPLY</b>		ADA / CE State Fee <sup>*3,4</sup> 23-27.3-108.2 (c) 0.1% (0.001) 0.00		0.00
1. Enclosed		1. PUBLIC		Radon Fee <sup>*4</sup> RIGL 23-61-8 (\$0.02 /sf. Residential ) 0.00		0.00
2. Outdoors		2. PRIVATE		<b>TOTAL FEES DUE</b> .00		.00
		3. Individual WELL		Make Check or Money Order Payable to "TOWN OF SMITHFIELD"		

I hereby certify that I have full 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 the applicable codes and ordinances of this jurisdiction.

Tel No. \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

CODE EDITION: \_\_\_\_\_

FOR: \_\_\_\_\_

<sup>\*1</sup>- Boiler and Mechanical permits required

<sup>\*2</sup>- Elevator and Electrical permits required

<sup>\*3</sup> SBC-2 max fee \$50.00 <sup>\*4</sup> Local fee only

E-MAIL ADDRESS: \_\_\_\_\_