

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

BUILDING PERMIT APPLICATION

MUNICIPALITY NEWPORT 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. 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 _____

22. 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 **B. OWNERSHIP** **C. PRINCIPAL TYPE OF CONSTRUCTION**

1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC		PRIVATE			(CONSTRUCTION CLASS (Check one))		
	1. _____ STATE		4. _____ TAXABLE			1. 1A _____	4. 2B _____	7. 4 _____
	2. _____ CITY OR TOWN		5. _____ TAX EXEMPT			2. 1B _____	5. 3A _____	8. 5A _____
	3. _____ OTHER, SPECIFY: _____					3. 2A _____	6. 3B _____	9. 5B _____

D. PROPOSED USE RESIDENTIAL **E. PROPOSED USE NON-RESIDENTIAL** **F. RESIDENTIAL** Complete for new buildings and reconstructions

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 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 21. _____ OTHER SPECIFY _____ 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 _____ No _____	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 \$ _____
	MAX. MAX.		
	3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____		
	4. Total Floor Area Sq. Ft. w/o Basement _____		

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	RADON FEE \$ _____
	3. ISDS NO. _____ DATE _____		MUNICIPAL BUILDING PERMIT FEE \$ _____
			CE/ADA FEE \$ _____

L. NUMBER OF OFF-STREET PARKING SPACES **M. TYPE OF WATER SUPPLY** **N. EQUIPMENT**

1. ENCLOSED _____ 2. OUTDOORS _____	1. _____ PUBLIC	State Approval Required 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number)	TOTAL PERMIT FEE \$ _____
	2. _____ PRIVATE		1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00
	3. _____ INDIVIDUAL WELL		BUILDING OFFICIAL'S SIGNATURE _____

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. _____