

PLEASE PRINT OR TYPE	STATE OF RHODE ISLAND <b>BUILDING PERMIT APPLICATION</b>	
MUNICIPALITY <b>CUMBERLAND</b> ISSUED _____ NUMERICAL CODE _____ PERMIT NO. _____		
APPLICATION DATE _____ CENSUS TRACT _____ FEE REC. \$ _____ FEE BY _____		
1. STREET LOCATION _____ 2. ZONING DISTRICT _____		
3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. FILE/PARCEL _____ 6. AREA _____ 7. REHAB CODE (Circle) Yes No		
8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____		
9. OWNER _____ ADDRESS _____ 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 _____
CODE EDITION:		Other _____
TYPE AND COST OF BUILDING - PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA	A. TYPE OF IMPROVEMENT	B. OWNERSHIP
	1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____
	D. PROPOSED USE RESIDENTIAL	C. PRINCIPAL TYPE OF CONSTRUCTION
	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 _____	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B _____
	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL Complete for new buildings and reconstructions
	1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY(mod haz) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY(low haz) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. _____ OTHER 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 12. _____ H-5 HIGH HAZARD - HPM 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	I. ESTIMATED COST MATERIAL AND LABOR
	1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____	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 \$ _____
	H. DIMENSIONS	O. FEES
	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 _____	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
	J. FLOOD HAZARD AREA-1.YES 2.NO	N. EQUIPMENT
	1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	State Approval Required 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number)
	K. TYPES OF SEWAGE DISPOSAL	
	1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS NO. _____ DATE _____	
	L. NUMBER OF OFF-STREET PARKING SPACES	
	1. ENCLOSED _____ 2. OUTDOORS _____	
	M. TYPE OF WATER SUPPLY	
	1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	

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. \_\_\_\_\_