

BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

MUNICIPALITY **FOSTER** 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. FIRE DISTRICT NO. _____
 8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 9. OWNER _____ ADDRESS _____ TEL. NO. _____
 10. CONTRACTOR (0 OR 1*) _____ TEL. NO. _____
 11. CONTRACTOR ADDRESS _____ 12. RI CONTR. REG. # _____ 13. EXPIR. _____
 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

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| 18. DESCRIPTION OF WORK TO BE PERFORMED | 19. USE OF EACH FLOOR |
| | Bsmt. _____ |
| | 1st _____ |
| | 2nd _____ |
| | 3rd _____ |
| Other _____ | |

TYPE AND COST OF BUILDING - PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA

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| A. TYPE OF IMPROVEMENT 1. _____ NEW STRUCTURE 2. _____ ADDITION TO STRUCTURE 3. _____ INSTALLATION 4. _____ RECONSTRUCTION 5. _____ REPLACEMENT 6. _____ FOUNDATION ONLY | B. OWNERSHIP PUBLIC PRIVATE 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____ | C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one)) 1. 1A _____ 5. 2C _____ 9. 5A _____ 2. 1B _____ 6. 3A _____ 10. 5B _____ 3. 2A _____ 7. 3B _____ 4. 2B _____ 8. 4 _____ |
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| D. PROPOSED USE RESIDENTIAL 1. _____ R-1 MOTEL, HOTEL 2. _____ R-2 MULTI-FAMILY 3. _____ R-3 One and Two Family Attached 4. _____ R-4 One and Two Family Detached 5. _____ GARAGE 6. _____ CARPORT 7. _____ MOBILE HOME 8. _____ SWIMMING POOL 9. _____ FENCES 10. _____ SIGNS 11. _____ FIREPLACE 12. _____ OTHER, SPECIFY _____ | E. PROPOSED USE NON-RESIDENTIAL 1. _____ A-1-A THEATERS W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED 2. _____ A-1-B THEATERS W/O STAGE 14. _____ I-3 INSTITUTIONAL RESTRAINED 3. _____ A-2 NIGHT CLUBS 15. _____ M MERCANTILE 4. _____ A-3 RESTAURANTS 16. _____ S-1 STORAGE MODERATE 5. _____ A-4 CHURCHES 17. _____ S-2 STORAGE LOW 6. _____ A-5 STADIUMS 18. _____ SWIMMING POOL 7. _____ B BUSINESS 19. _____ FENCES 8. _____ E EDUCATIONAL 20. _____ SIGNS 9. _____ F-1 FACTORY (MOD HAZ) 21. _____ OTHER 10. _____ F-2 FACTORY (LOW HAZ) SPECIFY _____ 11. _____ H HIGH HAZARD _____ 12. _____ I-1 INSTITUTIONAL GROUP HOME _____ | F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) 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 |
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| G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____ | H. DIMENSIONS 1. No. of Stories _____ 2. Basement: Yes ___ No ___ 3. Height of Construction Ft. _____ MAX. WIDTH _____ MAX. DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____ | I. ESTIMATED COST MATERIAL AND LABOR 1. GENERAL \$ _____ TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ 3. PLUMBING AND PIPING \$ _____ 4. HEATING, AIR COND. \$ _____ 5. OTHER, ELEVATOR, ETC. \$ _____ TOTAL COST \$ _____ |
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| J. FLOOD HAZARD AREA-1.YES 2.NO 1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____ | K. TYPES OF SEWAGE DISPOSAL 1. _____ PUBLIC 2. _____ PRIVATE SYSTEM** 3. ISDS NO. _____ DATE _____ | O. FEES RADON FEE \$ _____ MUNICIPAL BUILDING PERMIT FEE \$ _____ CE/ADA FEE \$ _____ TOTAL PERMIT FEE \$ _____ 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 |
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| L. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED _____ 2. OUTDOORS _____ | M. TYPE OF WATER SUPPLY 1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL | N. EQUIPMENT ** 1. INCINERATOR _____ 2. ELEVATOR (Enter Number) _____ |
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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.

*IN-STATE CONTRACTOR = 0 ; OUT-OF-STATE CONTRACTOR = 1 APPLICANT'S SIGNATURE _____
 **STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION TEL. NO. _____ DATE _____