

BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE

MUNICIPALITY Barrington Numerical Code 01 PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: _____ BY _____
 1. STREET LOCATION _____ 2. ZONING DISTRICT _____
 3. PLAT/MAP _____ 4. LOT/BLOCK _____ 5. AREA _____ 6. REHAB CODE(Circle One) YES NO
 7. USE OF STRUCTURE: PREVIOUS _____ 8. PROPOSED _____
 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 _____
 17. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 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: _____

<p>A. TYPE OF IMPROVEMENT</p> <p>1. <input type="checkbox"/> NEW STRUCTURE 2. <input type="checkbox"/> ADDITION TO EXISTING 3. <input type="checkbox"/> MODIFICATION TO EXISTING 4. <input type="checkbox"/> FOUNDATION ONLY</p>	<p>B. OWNERSHIP</p> <p>PUBLIC PRIVATE</p> <p>1. <input type="checkbox"/> STATE 4. <input type="checkbox"/> TAXABLE 2. <input type="checkbox"/> CITY OR TOWN 5. <input type="checkbox"/> TAX EXEMPT 3. <input type="checkbox"/> OTHER (Specify) _____</p>	<p>C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check One))</p> <p>1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B _____</p>
<p>D. PROPOSED USE RESIDENTIAL</p> <p>1. <input type="checkbox"/> R-1 HOTELS 2. <input type="checkbox"/> R-2 APARTMENTS 3. <input type="checkbox"/> R-3 ATTACHED ONE & TWO FAMILY 4. <input type="checkbox"/> R-4 ASSISTED LIVING 9-16 5. <input type="checkbox"/> GARAGE 6. <input type="checkbox"/> CARPORT 7. <input type="checkbox"/> MANUFACTURED HOME 8. <input type="checkbox"/> SWIMMING POOL 9. <input type="checkbox"/> ONE & TWO FAMILY DETACHED 10. <input type="checkbox"/> FIREPLACE 11. <input type="checkbox"/> OTHER SPECIFY _____</p>	<p>E. PROPOSED USE NON-RESIDENTIAL</p> <p>1. <input type="checkbox"/> A-1 THEATERS 13. <input type="checkbox"/> I-1 INSTITUTIONAL SUPERVISED 2. <input type="checkbox"/> A-2 REST/NIGHT CLB 14. <input type="checkbox"/> I-2 INSTITUTIONAL INCAPACITATED 3. <input type="checkbox"/> A-3 ASSEMBLY 15. <input type="checkbox"/> I-3 INSTITUTIONAL RESTRAINED 4. <input type="checkbox"/> A-4 ARENAS 16. <input type="checkbox"/> I-4 INSTITUTIONAL DAYCARE 5. <input type="checkbox"/> B BUSINESS 17. <input type="checkbox"/> M MERCANTILE 6. <input type="checkbox"/> F-1 FACTORY (MOD HAZARD) 18. <input type="checkbox"/> S-1 STORAGE MOD HAZARD 7. <input type="checkbox"/> F-2 FACTORY (LOW HAZARD) 19. <input type="checkbox"/> S-2 STORAGE LOW HAZARD 8. <input type="checkbox"/> H-1 HIGH HAZARD DETONATION 20. <input type="checkbox"/> U UTILITY MISC. 9. <input type="checkbox"/> H-2 HIGH HAZARD DEFLAGRATION 21. OTHER _____ 10. <input type="checkbox"/> H-3 HIGH HAZARD PHYSICAL HAZARD 22. MIXED USE _____ 11. <input type="checkbox"/> H-4 HIGH HAZARD CORROSIVE TOXIC 12. <input type="checkbox"/> H-5 HIGH HAZARD HMP 12. <input type="checkbox"/> HMP SPECIFY _____</p>	<p>F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)</p> <p style="text-align: center;">SINGLE FAMILY</p> <p>1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL # OF BEDROOMS TL # OF BATHROOMS 3. _____ FULL 4. _____ HALF</p> <p style="text-align: center;">MULTI- FAMILY</p> <p>5. _____ TOTAL # OF KITCHENS TL # OF BATHROOMS 3. _____ FULL 4. _____ HALF</p> <p style="text-align: center;">TOTAL # OF APARTMENTS BY # OF BEDROOMS</p> <p>8. EFFIC _____ 9. 1 _____ 10. 2 _____ 11. 3 _____ 12. 4 _____ 13. 5 _____ 14. _____ MORE, PLEASE SPECIFY _____ 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT</p>
<p>G. FOUNDATION SETBACKS FROM PROPERTY LINES</p> <p>1. FRONT _____ ft. _____ in. 2. REAR _____ ft. _____ in. 3. LFT SIDE _____ ft. _____ in. 4. RT SIDE _____ ft. _____ in.</p>	<p>H. DIMENSIONS</p> <p>1. NO OF STORIES _____ 2. BASEMENT: YES ___ NO ___ 3. HEIGHT OF CONSTRUCTION FT _____ MAX WIDTH _____ MAX DPTH _____ 4. TL FLOOR ARE SQ FT W/O BASEMENT _____</p>	<p>I. ESTIMATED COST MATERIAL AND LABOR</p> <p>1. GENERAL \$ _____ <small>TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST</small> 2. ELECTRICAL \$ _____ 3. PLUMBING OR PIPING \$ _____ 4. HEATING, AIR COND \$ _____ 5. FIRE SUPPRESSION \$ _____ 6. OTHER, ELEVATOR, ETC. \$ _____ TOTAL COST \$ _____</p>
<p>J. FLOOD HAZARD AREA - 1. YES 2. NO</p> <p>1. ELEV. (MSL) OF LOWEST FLOOR INC. BASEMENT _____ 2. ELEV. (MSL) OF 100 YEAR FLOOD _____</p>	<p>K. TYPES OF SEWAGE DISPOSAL</p> <p>1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS # _____ DATE _____</p>	<p>O. FEES</p> <p>1. MUNICIPAL BUILDING PERMIT FEE \$ _____ .00 2. STATE FEE \$ _____ .00 TOTAL PERMIT FEE \$ _____ .00 <small>(1 & 2 FAMILY DWELLING LIMITED TO A STATE FEE OF \$50)</small></p>
<p>L. NUMBER OF OFF-STREET PARKING SPACES</p> <p>1. ENCLOSED _____ 2. OUTDOORS _____</p>	<p>M. TYPE OF WATER SUPPLY</p> <p>1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL</p>	

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 the applicable codes and ordinances of this jurisdiction.

TEL # _____ APPLICANT'S SIGNATURE _____
 FOR _____

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

PLEASE PRINT-APPLICANT TO COMPLETE ALL ITEMS