

STATE OF RHODE ISLAND  
**BUILDING PERMIT APPLICATION**

PLEASE PRINT OR TYPE  
MUNICIPALITY LINCOLN 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 \_\_\_\_\_  
Other \_\_\_\_\_

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

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 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B _____

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL <small>Complete for new buildings and reconstructions</small>
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 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	<b>SINGLE FAMILY</b> 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF <b>MULTI-FAMILY</b> 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 6. _____ FULL 7. _____ HALF <b>TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS</b> 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 ___ 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ _____ <small>TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST</small> 2. ELECTRICAL \$ _____ 3. PLUMBING AND PIPING \$ _____ 4. HEATING, AIR COND. \$ _____ 5. FIRE SUPPRESSION \$ _____ 6. OTHER, ELEVATOR, ETC. \$ _____ <b>TOTAL COST \$ _____</b>

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 3. ISDS NO. _____ DATE _____	RADON FEE \$ _____ MUNICIPAL BUILDING PERMIT FEE \$ _____ CE/ADA FEE \$ _____ <b>TOTAL PERMIT FEE \$ _____</b> <small>1 &amp; 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00</small>

L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT
1. ENCLOSED _____ 2. OUTDOORS _____	1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	State Approval Required 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number)

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. \_\_\_\_\_