

CRANSTON-07

SHORT FORM BUILDING PERMIT PERMIT # B

ONE AND TWO FAMILY RENOVATION WORK ONLY
(WINDOWS, SIDING, ROOFING AND NON-STRUCTURAL RENOVATIONS ONLY)

5-B CONSTRUCTION

APPLICATION DATE: _____ PLAT: _____ BLOCK: _____ PARCEL # _____ OWNERSHIP: TAXABLE _____

JOBSITE ADDRESS: _____ ONE FAMILY TWO FAMILY

PROPERTY OWNER: _____ PHONE # _____

ADDRESS: _____
(IF DIFFERENT FROM JOBSITE ADDRESS)

CONTRACTOR: _____ CONT. REG. # _____ EXP. DATE: _____

ADDRESS: _____ PHONE # _____

TYPE OF IMPROVEMENT: ROOFING SIDING WINDOWS / DOORS INTERIOR RENO OTHER

DESCRIPTION OF WORK TO BE PERFORMED: _____

ESTIMATED COST MATERIAL AND LABOR \$ _____ CODE EDITION: SBC - 2 - 2013

(Do not include the cost of electrical, plumbing, mechanical or finishes.)

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 the City of Cranston.

X
APPLICANT'S SIGNATURE _____

DATE _____

Provided that the person accepting this permit shall in every respect conform to the terms of this application and to the provisions of the statutes and ordinances relating to zoning, construction alteration and maintenance of buildings in the City of Cranston and shall begin work on said building within six months from the date hereof and prosecute the work thereon to a speedy completion. Any person who shall violate any of the statutes and ordinances relating to zoning, construction, alteration and maintenance of buildings in the City of Cranston shall be punished by penalties imposed by the Rhode Island State Building Code and the City of Cranston Municipal Code.

FOR INSPECTIONS DEPARTMENT USE ONLY

FEEES RECEIVED BY: _____

- OWNER OF RECORD VERIFIED? NO YES
- TAXES PAID UP TO DATE? NO YES
- HISTORIC APPROVAL REQUIRED? NO YES
- CRMC APPROVAL REQUIRED? NO YES
- CONTRACTOR REG # VERIFIED? NO YES N/A

CRANSTON PERMIT FEE \$ _____

RI ADA / CE FEE \$ _____

(1 & 2 FAMILY DWELLINGS LIMITED TO CE / ADA FEE OF \$50.00)

TOTAL FEE DUE \$ _____

DATE GRANTED: _____
(PERMIT GRANTED STAMP)

BUILDING OFFICIAL _____

REQUIRED INSPECTIONS:

1. _____

2. _____

3. _____

4. _____

INSPECTOR'S SIGNATURE: _____

DATE _____

POST THIS PERMIT SO IT IS VISIBLE FROM THE STREET gs-01/13

CALL 401-780-6056 FOR INSPECTIONS