

MECHANICAL PERMIT PERMIT #M

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

JOBSITE ADDRESS: _____

MECHANICAL CONTRACTOR: _____ PHONE # _____

CONTRACTOR ADDRESS: _____

LICENSE # _____ EXPIRATION DATE: _____ LICENSE TYPE: _____

PROPERTY OWNER: _____ PHONE # _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM JOBSITE ADDRESS)

ARCH OR ENG: _____ PHONE # _____

ADDRESS: _____ ARCH OR ENG LIC # _____

TYPE OF WORK: INSTALLATION REPLACEMENT DEMOLITION ALTERATION REPAIR

LOCATION OF EQUIPMENT: BASEMENT 1ST FLOOR 2ND FLOOR ATTIC OTHER _____

CATEGORY OF CONSTRUCTION: 1 & 2 FAMILY MULTI-FAMILY OTHER: _____

FUEL TYPE: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

ESTIMATED COST \$ _____

AFFIDAVIT:

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE APPLICATION IS CORRECT AND THAT THE OWNER OF THIS PROPERTY AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF CRANSTON AND STATE OF RHODE ISLAND.

APPLICANT'S SIGNATURE: _____

FOR INSPECTION DEPARTMENT USE ONLY

CODE EDITION: SBC- _____

PERMIT FEE: \$ _____

ISSUED BY: _____

RI ADA / CE FEE: \$ _____

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

TOTAL FEE DUE: \$ _____

PERMIT GRANTED BY: _____ DATE: _____

(PERMIT GRANTED STAMP)

INSPECTION TYPE: _____ APPROVED BY: _____

DATE: _____

DATE: _____

DATE: _____

PLEASE POST IN A CONSPICUOUS LOCATION

CALL 401-780-6056 FOR INSPECTIONS