



Property Information		Request Information		Update Information
File#:	BS-X01693-547632204	Requested Date:	07/17/2024	Update Requested:
Owner:	BLAIR DOROTHY A	Branch:		Requested By:
Address 1:	45 GLENWOOD AVENUE	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	CRANSTON, RI	# of Parcel(s):	1	

Notes

- CODE VIOLATIONS** Per City Of Cranston Department of Zoning there are no Code Violation cases on this property.
Collector: City Of Cranston
Payable: 35 Sockanosset Crossroad Suite 6, Cranston, RI 02920
Business# 401-780-6012
- PERMITS** Per City Of Cranston Building Department there are no Open/Pending/ Expired Permit on this property.
Collector: City Of Cranston
Payable: 35 Sockanosset Crossroad Suite 6, Cranston, RI 02920
Business# 401-780-6012
- SPECIAL ASSESSMENTS** Per City Of Cranston Tax Collector Department there are no Special Assessments/liens on the property.
Collector: City Of Cranston
Payable Address: 869 Park Avenue, Cranston, Rhode Island 02910
Business# 401-461-1000
UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED
- DEMOLITION** NO



UTILITIES

WATER

Account #: N/A
Payment Status: DUE
Status: Pvt & Lienable
Amount: \$21.28
Good Thru: 08/29/2024
Account Active: Active
Collector: Providence Water
Payable Address: 125 Dupont Drive, Providence, RI 02907
Business # (401) 521-6300

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER

Account #: N/A
Payment Status: N/A
Status: Pvt & Lienable
Amount: N/A
Good Thru: N/A
Account Active: Active
Collector: City Of Cranston
Payable Address: 869 Park Avenue, Cranston, Rhode Island 02910
Business# 401-461-1000

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION REQUIRED.

GARBAGE

Garbage bills are included in the Real Estate Property taxes.

45 GLENWOOD AVENUE

Location 45 GLENWOOD AVENUE

Plat Sec Lot Condo 9/3 / 1054/ /

Acct# 02300180

Owner BLAIR DOROTHY A

Assessment \$311,100

Appraisal \$311,100

PID 14565

Building Count 1

Current Value

Appraisal			
Valuation Year	Improvements	Land	Total
2023	\$210,400	\$100,700	\$311,100

Assessment			
Valuation Year	Improvements	Land	Total
2023	\$210,400	\$100,700	\$311,100

Owner of Record

Owner BLAIR DOROTHY A
Co-Owner
Address 45 GLENWOOD AVE
CRANSTON, RI 02910-5346

Sale Price \$0
Certificate
Book & Page 5746/0055
Sale Date 04/10/2019
Instrument

Ownership History

Ownership History					
Owner	Sale Price	Certificate	Book & Page	Instrument	Sale Date
BLAIR DOROTHY A	\$0		5746/0055		04/10/2019
BLAIR DOROTHY A	\$0		0/0		04/03/2019
BLAIR DOROTHY A	\$0		5628/0204		07/25/2018
BLAIR DOROTHY A	\$0		DB89/0301		12/19/2006
BLAIR RONALD J	\$263,000		3118/0045	1G	08/26/2005

Building Information

Building 1 : Section 1

Year Built: 2000
Living Area: 1,092
Replacement Cost: \$230,947

Building Percent Good: 90
Replacement Cost
Less Depreciation: \$207,900

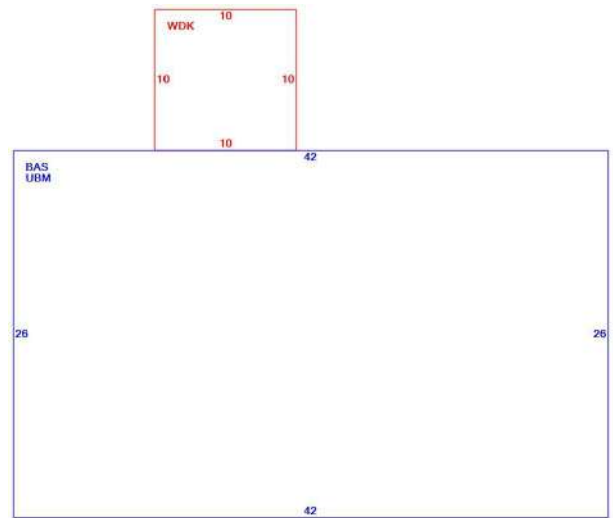
Building Photo



(https://images.vgsi.com/photos2/CranstonRIPhotos/0069\P1000149_692)

Building Attributes	
Field	Description
Style:	Ranch
Model	Residential
Grade:	Average
Stories:	1 Story
Occupancy	1
Exterior Wall 1	Vinyl Siding
Exterior Wall 2	
Roof Structure:	Gable/Hip
Roof Cover	Asph/F Gls/Cmp
Interior Wall 1	Drywall/Sheet
Interior Wall 2	
Interior Flr 1	Carpet
Interior Flr 2	
Heat Fuel	Gas
Heat Type:	Hot Water
AC Type:	None
Total Bedrooms:	3 Bedrooms
Total Bthrms:	1
Total Half Baths:	0
Total Xtra Fixtrs:	
Total Rooms:	5 Rooms
Bath Style:	Average
Kitchen Style:	Average
Num Kitchens	01
Cndtn	
Fireplace	
Fireplace opening	
Gas Fireplace	
Num Park	
Fireplaces	
Fndtn Cndtn	
Basement	

Building Layout



(ParcelSketch.ashx?pid=14565&bid=14565)

Building Sub-Areas (sq ft)			Legend
Code	Description	Gross Area	Living Area
BAS	First Floor	1,092	1,092
UBM	Basement, Unfinished	1,092	0
WDK	Deck, Wood	100	0
		2,284	1,092

Extra Features

Extra Features	Legend
No Data for Extra Features	

Land

Land Use		Land Line Valuation	
Use Code	1010	Size (Sqr Feet)	3000
Description	SINGLE FAM MDL01	Frontage	0
Zone	B2	Depth	0
Neighborhood	0050	Assessed Value	\$100,700
Alt Land Appr Category	No	Appraised Value	\$100,700

Outbuildings

Outbuildings				Legend
Code	Description	Size	Value	Bldg #
SPL4	ABOVE GR ROUND	15.00 DIAMETER	\$2,500	1

Valuation History

Appraisal			
Valuation Year	Improvements	Land	Total
2023	\$210,400	\$100,700	\$311,100
2022	\$152,600	\$66,300	\$218,900
2021	\$152,600	\$66,300	\$218,900
2020	\$115,300	\$63,100	\$178,400
2019	\$115,300	\$63,100	\$178,400

Assessment			
Valuation Year	Improvements	Land	Total
2023	\$210,400	\$100,700	\$311,100
2022	\$152,600	\$66,300	\$218,900
2021	\$152,600	\$66,300	\$218,900
2020	\$115,300	\$63,100	\$178,400
2019	\$115,300	\$63,100	\$178,400

Good Afternoon,

Please see the attached documents in relation to 45 Glenwood Ave from the Building Inspections & Zoning Department.

There are no open/ active code violations for this property.

Thank you,

Jayna Jenkins

Senior Clerk

CITY OF CRANSTON

Dept. of Building Inspections

35 Sockanosset Crossroad Suite 6

Cranston, RI 02920

P: 401.780.6012

BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE

MUNICIPALITY CRANSTON NUMERICAL CODE 07 PERMIT NO. 02-541
 APPLICATION DATE 4/1 CENSUS TRACT _____ FEE RECEIVED: \$ 73.00 BY me
 1. STREET LOCATION 45 Glenwood Ave 2. ZONING DISTRICT B-2
 3. PLAT/MAP 9 4. LOT/BLOCK 3 5. FILE/PARCEL 1054 6. AREA _____ 7. FIRE DISTRICT NO. (0 OR 1) _____
 8. USE OF STRUCTURE: PREVIOUS S/K PROPOSED S/ANE
 9. OWNER Anthony Tefrate ADDRESS 45 Glenwood Ave TEL. NO. 781-47760
 10. CONTRACTOR (0 OR 1) CHARLES GERMAN TEL. NO. _____
 11. CONTRACTOR ADDRESS WARWICK AVE. WARWICK, R.I. 12. RI CONTR. REG. # 14883 13. EXPIR. DATE 5-1-02
 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
INSTALL 15' ABOVE GROUND
Swimming Pool To Code

19. USE OF EACH FLOOR
 BSMT. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

A. TYPE OF IMPROVEMENT 1. _____ NEW STRUCTURE 2. _____ ADDITION TO STRUCTURE 3. <input checked="" type="checkbox"/> INSTALLATION 4. _____ RECONSTRUCTION 5. _____ REPLACEMENT 6. _____ FOUNDATION ONLY	B. OWNERSHIP PUBLIC _____ PRIVATE _____ 1. _____ STATE 4. <input checked="" type="checkbox"/> 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. 6B <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> SWIMMING POOL 9. _____ FENCES 10. _____ SIGNS 11. _____ FIREPLACE 12. _____ OTHER, SPECIFY _____	E. PROPOSED USE NON-RESIDENTIAL 1. _____ A-1-A THEATRES W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED 2. _____ A-1-B THEATRES 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 NO. OF BATHROOMS 3. Full 4. Half MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 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 _____ ft. _____ in. 2. REAR <u>6</u> ft. _____ in. 3. LEFT SIDE <u>60</u> ft. _____ in. 4. RIGHT SIDE <u>20</u> ft. _____ in.	H. DIMENSIONS 1. No. of Stories _____ 2. Basement: Yes <input type="checkbox"/> No <input type="checkbox"/> 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 \$ <u>2443</u> .00 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ .00 3. PLUMBING OR PIPING \$ _____ .00 4. HEATING, AIR COND. \$ _____ .00 5. OTHER, ELEVATOR, ETC. \$ _____ .00 TOTAL COST <u>2443</u> .00
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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 1. MUNICIPAL BUILDING PERMIT FEE \$ <u>70</u> .00 2. CE & ADA FEE: \$ <u>3</u> .00 + _____ x .001 \$ _____ .00 (1) ITEM #1 + ITEM #5 x .001 \$ _____ .00 TOTAL PERMIT FEE \$ <u>73</u> .00 (1 & 2 FAMILY DWELLING LIMITED) (TO CE & ADA FEE OF \$50.00)
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)

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
 *STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

TEL. NO. _____ APPLICANT'S SIGNATURE Anthony Tefrate
 FOR _____

OFFICE FILE (LOCATION)

14202/01

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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

POST THIS CARD SO IT IS VISIBLE FROM STREET

BUILDING PERMIT

OWNER
KLEWOWER

THIS CERTIFIES THAT *ANTHONY J. FRATI*

has permission to *INSTALL 15' ROUND ABOVE GROUND*

SWIMMING POOL TO CODE

Located at *Edenwood Ave* Plat/Map *9*

Lot/Block *3*

Parcel/File *1054*

OFFICE OF INSPECTOR PAID \$ *73.00*

Received By *SA*

Date Granted *4/26 2002*

Numerical Code *02-0541*

MUST COMPLY WITH ALL ORDINANCES OF THE BUILDING AND ZONING DEPARTMENT (IF APPLICABLE)

BURBING 14883

provided that the person accepting this Permit shall in every respect conform to the terms of the application on file in this office and to the provisions of the Statutes and Ordinances relating to Zoning, Construction, Alteration and Maintenance of Buildings in the municipality 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 in the municipality shall be punished by penalties imposed by the State Building Code and Local Zoning Ordinances.

[Signature]

Building Official

BUILDING INSPECTION APPROVALS:

WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.

STAGE OF CONSTRUCTION

STAGE OF CONSTRUCTION

SIGNATURE

SIGNATURE

1. *Setbacks*

5.

2. *FINAL*

6.

7.

7.

8.

8.

This Permit must be returned for Certificate of Occupancy.

On remote sites this card may be kept within the contractor's vehicle, readily available for inspection.

03826 102

CITY OF CRANSTON

PERMIT ROUTE SLIP

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO COMPLETE THE NECESSARY STOPS WITH THE APPROPRIATE DEPARTMENTS AT CITY HALL. SITE PLAN MUST ACCOMPANY THIS ROUTE SLIP!

ADDRESS: 45 Glenwood Ave Cranston

PROJECT DESCRIPTION: Residential Private Pool

CONTACT PERSON: _____ PHONE # _____

1. TAX ASSESSOR'S OFFICE (CITY HALL ROOM 113)

OWNER OF RECORD Clifton Kathleen J.

ASSESSOR'S PLAT AND SECTION # 9/3 ASSESSOR'S LOT #(S): 1054

RECORDED PLAT AND SECTION # _____ RECORDED LOT # (S): _____

SIGNED BY: [Signature]

DATE: 4/26/02

2. TAX COLLECTOR'S OFFICE (CITY HALL ROOM 206)

TAXES PAID UP TO DATE? YES NO

SIGNED BY: [Signature]

DATE: 4-26-02

* Have Item 3 signed off if property is located in a historical zone!

3. _____ PLANNING DEPARTMENT (CITY HALL ROOM 309)

A. SUBDIVISION OR LAND DEVELOPMENT PLAN REQUIRED? _____ YES _____ NO

B. POSSIBLE WETLANDS APPROVAL REQUIRED? _____ YES _____ NO

C. DOES PROJECT NEED RIPDES APPROVAL? _____ YES _____ NO

D. FLOOD PLAIN DESIGNATION _____ FLOOD ELEV. _____

E. SOIL EROSION PLAN REQUIRED? _____ YES _____ NO

I. POSSIBLE CRMC AND / OR RIHPHC APPROVAL? _____ YES _____ NO

J. INSIDE A LOCAL HISTORIC DISTRICT? _____ YES _____ NO

K. INSIDE A STATE ENTERPRISE ZONE? _____ YES _____ NO

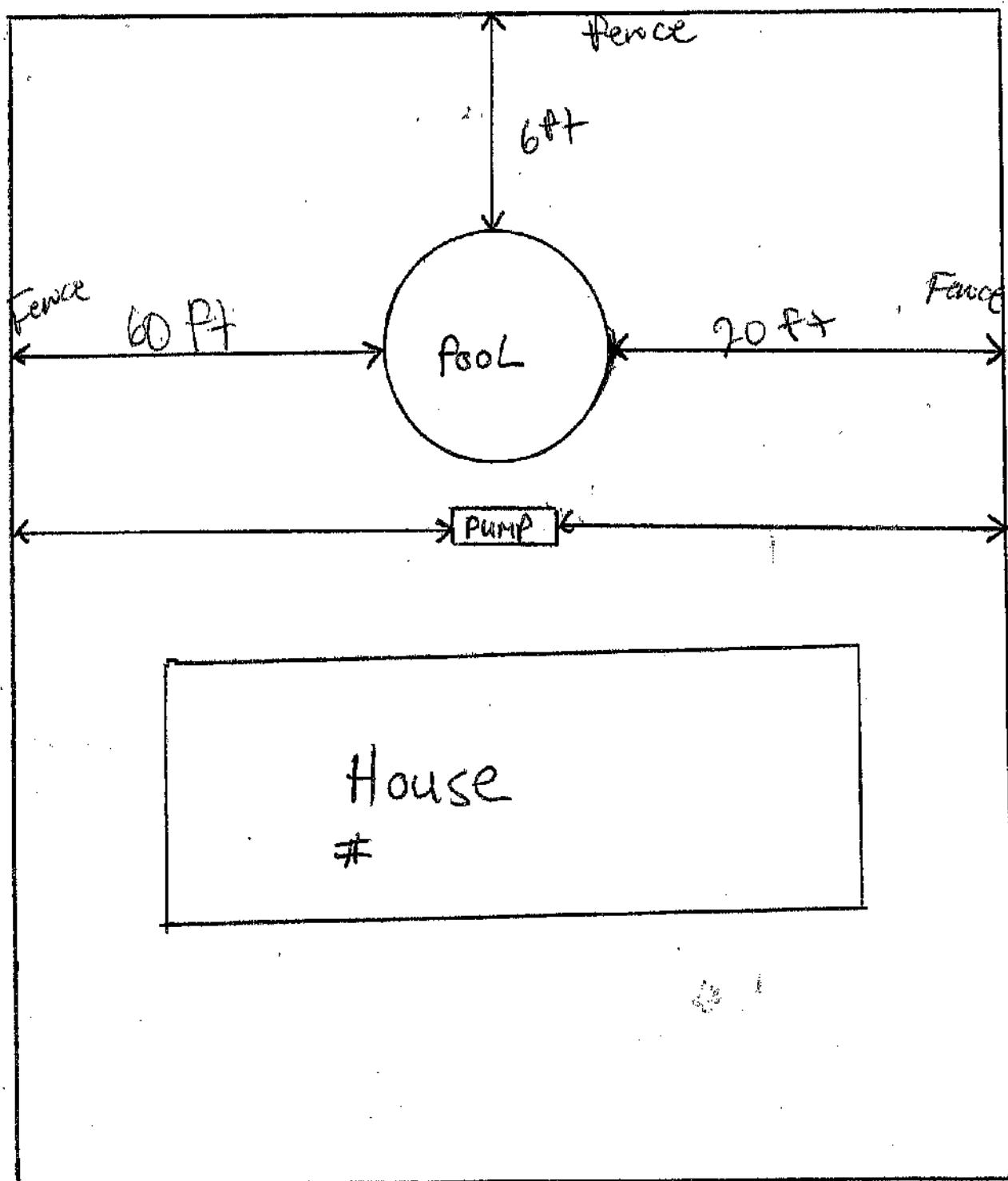
L. SITE PLAN REVIEW REQUIRED? _____ YES _____ NO

M. SITE PLAN REVIEW APPROVED? _____ YES _____ NO DATE: _____

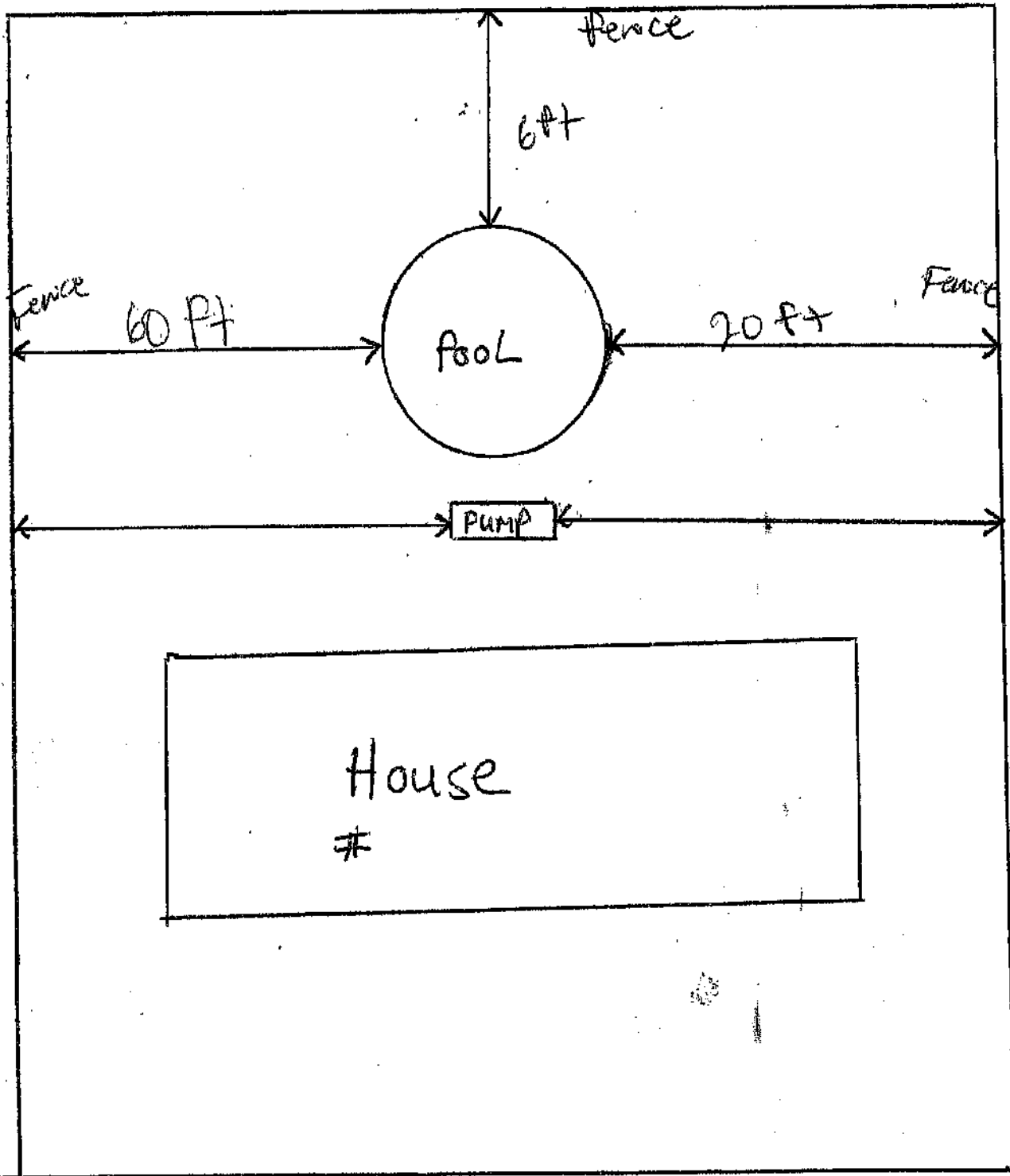
SIGNED BY: _____ DATE: _____

7. BUILDING INSPECTION AND ZONING DEPARTMENT PLANS APPROVED? _____ YES _____ NO

SIGNED BY: _____ DATE: _____

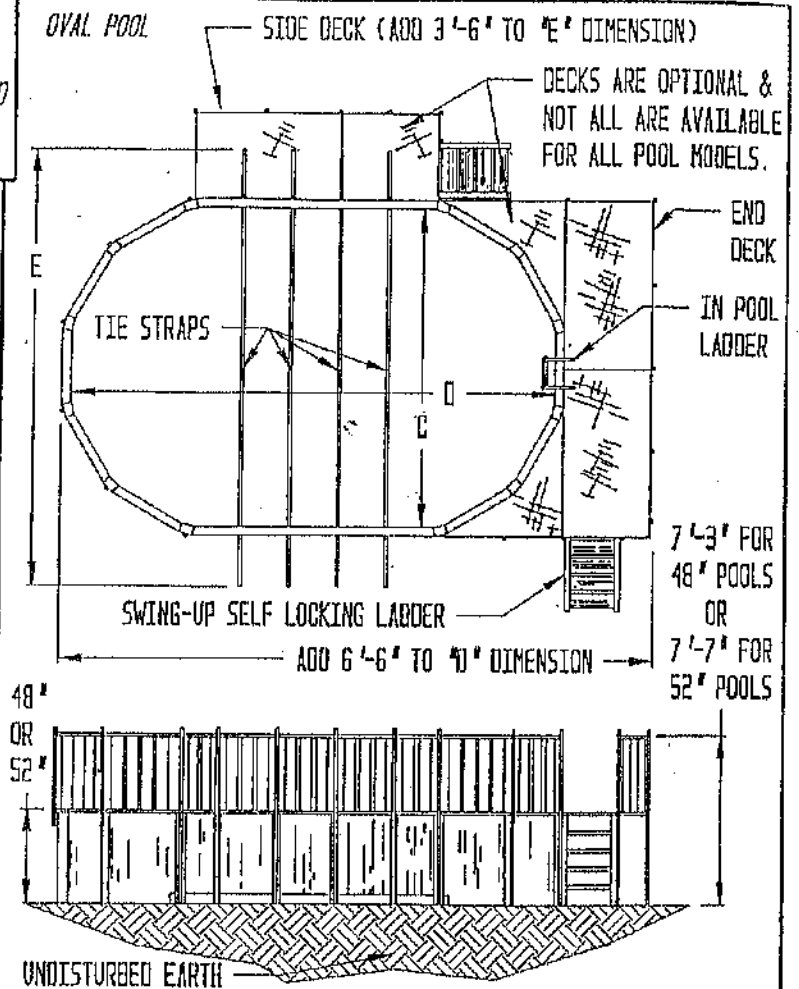
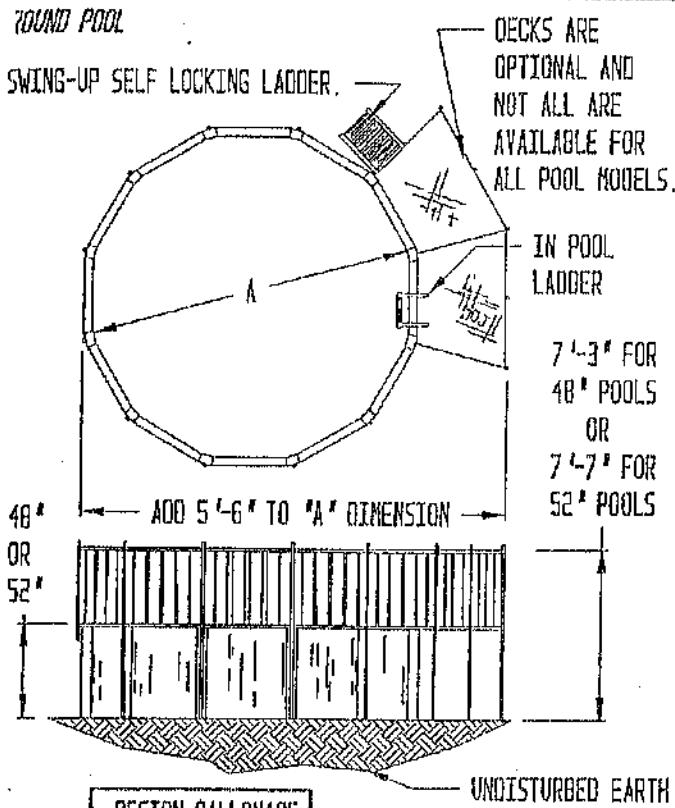


Street NAME
45 GLENWOOD Ave



Street NAME
45 GLENWOOD Ave

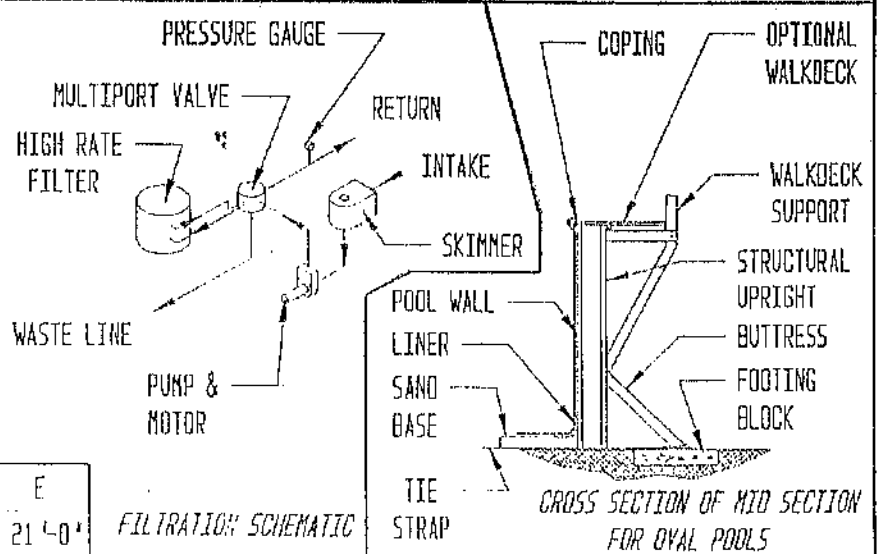
NOTE:
 THIS IS A NON-DIVING POOL AS DEFINED IN THE CURRENT
 'NATIONAL SPA AND POOL INSTITUTE' STANDARD FOR ABOVE GROUND
 SWIMMING POOLS. (NSPI-1).



ROUND	DESIGN GALLONAGE		A
	48" GAL.	52" GAL.	
10'	2,350	2,550	10'-0"
13'	3,650	4,000	12'-6"
15'	5,300	5,750	15'-0"
18'	7,600	8,250	18'-0"
21'	10,350	11,250	21'-0"
24'	13,550	14,650	24'-0"
24' HOP.	15,150	16,300	24'-0"
27'	17,150	18,550	27'-0"
27' HOP.	19,300	20,700	27'-0"

NOT ALL POOL
 SIZES ARE
 AVAILABLE ON
 ALL MODELS.

OVAL SIZES	48" GAL.	52" GAL.	C	D	E
15'x24'	9,350	10,100	15'-0"	24'-0"	21'-0"
15'x30'	12,050	13,050	15'-0"	30'-0"	21'-0"
16'x33'	15,700	17,000	18'-0"	33'-0"	24'-0"
15'x24' HOPPER	10,400	11,150	15'-0"	24'-0"	21'-0"
15'x30' HOPPER	13,250	14,250	15'-0"	30'-0"	21'-0"
18'x33' HOPPER	17,200	18,500	18'-0"	33'-0"	24'-0"
13'x19'	5,950	6,400	12'-6"	18'-6"	18'-6"
13'x22'	7,050	7,600	12'-6"	21'-6"	18'-6"
13'x25'	8,200	8,850	12'-6"	24'-6"	18'-6"



Seal

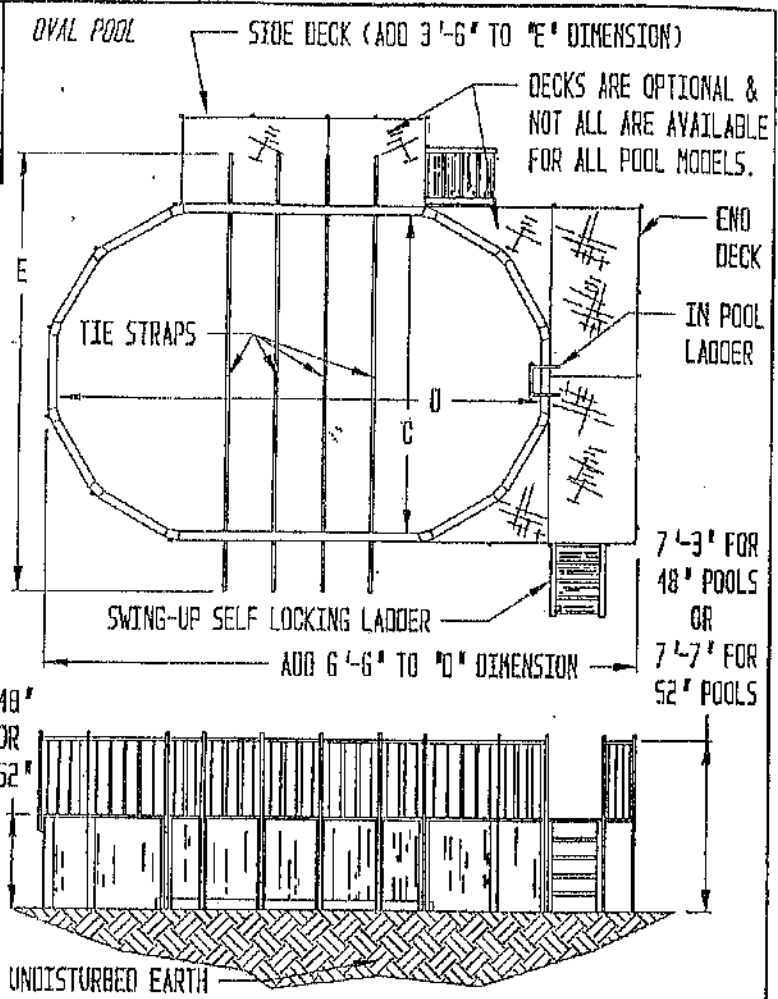
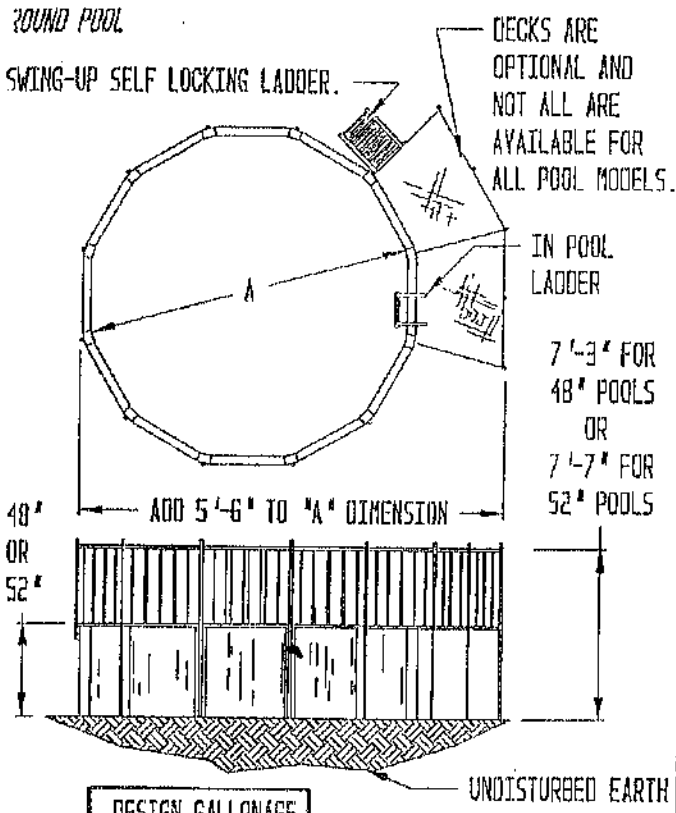
EDWARD S. GLENN
 PROFESSIONAL ENGINEER

CUSTOMER SERVICE DEPARTMENT
 8600 RIVER ROAD
 DELAIR, NEW JERSEY 08110

CAROUSEL, CARNIVAL,
 CLASSIC

12/19/96 NTS J D J

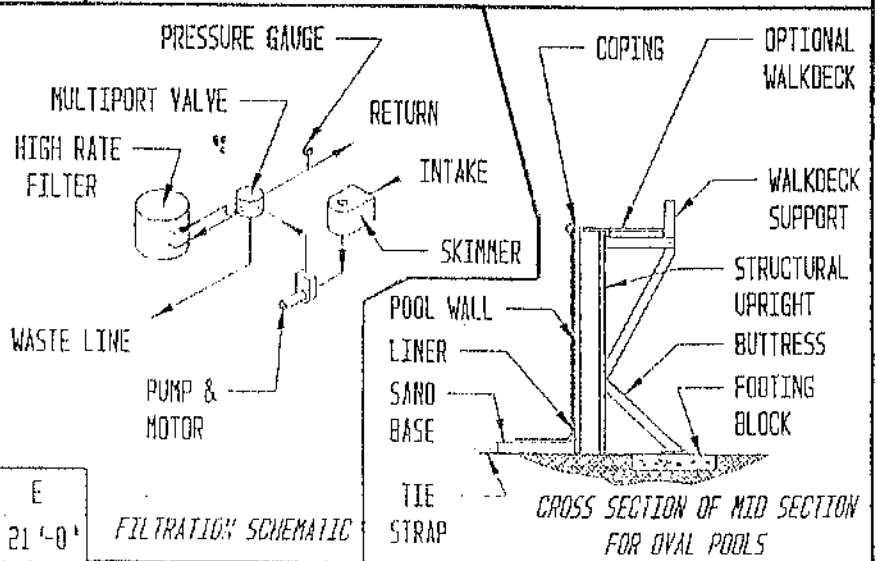
NOTE:
 THIS IS A NON-DIVING POOL AS DEFINED IN THE CURRENT
 "NATIONAL SPA AND POOL INSTITUTE" STANDARD FOR ABOVE GROUND
 SWIMMING POOLS. (NSPI-4).



ROUND	DESIGN GALLONAGE		A
	48" GAL.	52" GAL.	
10'	2,350	2,550	10'-0"
13'	3,650	4,000	12'-6"
15'	5,300	5,750	15'-0"
18'	7,600	8,250	18'-0"
21'	10,350	11,250	21'-0"
24'	13,550	14,650	24'-0"
24' HOP.	15,150	16,300	24'-0"
27'	17,150	18,550	27'-0"
27' HOP.	19,300	20,700	27'-0"

NOT ALL POOL
 SIZES ARE
 AVAILABLE ON
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OVAL SIZES	48" GAL.	52" GAL.	C	D	E
15'x24'	9,350	10,100	15'-0"	24'-0"	21'-0"
15'x30'	12,050	13,050	15'-0"	30'-0"	21'-0"
18'x33'	15,700	17,000	18'-0"	33'-0"	24'-0"
15'x24' HOPPER	10,400	11,150	15'-0"	24'-0"	21'-0"
15'x30' HOPPER	13,250	14,250	15'-0"	30'-0"	21'-0"
18'x33' HOPPER	17,200	18,500	18'-0"	33'-0"	24'-0"
'x19'	5,950	6,400	12'-6"	18'-6"	18'-6"
13'x22'	7,050	7,600	12'-6"	21'-6"	18'-6"
13'x25'	8,200	8,850	12'-6"	24'-6"	18'-6"



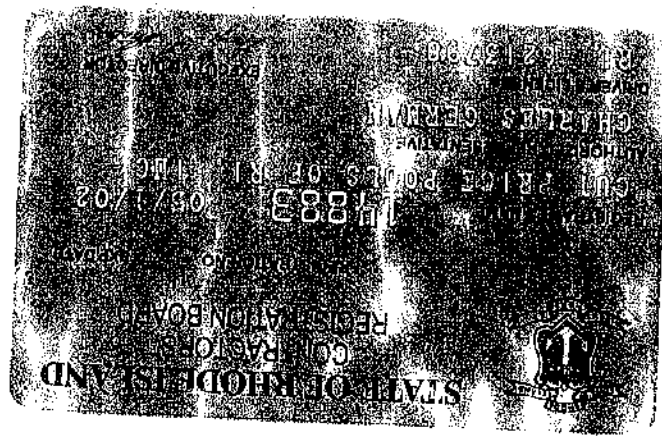
Seal

EDWARD S. GLENN
 PROFESSIONAL ENGINEER

CUSTOMER SERVICE DEPARTMENT
 8600 RIVER ROAD
 DELAIR, NEW JERSEY 08110

**CAROUSEL, CARNIVAL,
 CLASSIC**

12/19/96 NTS J D J



ELECTRICAL PERMIT APPLICATION

CA BC-5
E02-0476

MUNICIPALITY: CRANSTON NUMERICAL CODE 07 PERMIT NO. _____
APPLICATION DATE 09-23-02 CENSUS TRACT _____ FEE RECEIVED: \$ 361 BY PDEU

1. STREET LOCATION 45 GLENWOOD AVE POLE NO. or UNDERGROUND NO. _____

2. PLAT/MAP 009 3. LOT/BLOCK 3 4. FILE/PARCEL 1059 5. FLOOR LOCATION _____

6. USE OF STRUCTURE: PREVIOUS 1 FAMILY PROPOSED SAME

7. Temporary _____ New Installation _____ Change of Service _____ Starting Date 5-24-02

8. OWNER ANTHONY FARRAR ADDRESS SAME TEL NO. 781-4760

9. ELECTRICAL CONTRACTOR MIKE D'AMICO ADDRESS 25 GRANITE ST. JOHNSTON TEL NO. 458-6809

10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____

11. STAMPED PRINTS (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. ELECTRICIAN'S LIC. NO. A-1951

14. DESCRIPTION OF WORK TO BE PERFORMED WIRING OF POOL FILTER PUMP ABOVE GROUND - INSTALLATION OF 120V OUTSIDE OUTLET & BONDING

15. Service entrance voltage _____ Amperage _____ Phase _____ No. of Meters _____

16. Wire size (cu. or al.) _____ Conductor Per Phase _____

17. Estimated load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, HP, Phase _____

18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 400.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$	<u>350.00</u>
CE & ADA FEE: _____ x .001	= \$	<u>1.00</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)		
COST OF INSTALLATION x .001	= \$	<u>36.00</u>
TOTAL PERMIT FEE	= \$	<u>36.00</u>

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 ordinance of the state and this jurisdiction.

ELECTRICAL CONTRACTOR'S SIGNATURE [Signature]

DO NOT WRITE BELOW THIS LINE

ELECTRICAL WIRING PERMIT

- Inspections
- Temporary Service _____
- Roughing In _____
- Service & Meter _____
- Off Peak Meter _____
- Final Approval _____
- Disapproved* _____

Date _____

PERMIT GRANTED
DATE 05-23-02

BY [Signature]
ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

To the Electric Utility Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

ELECTRICAL INSPECTOR

BUILDING PERMIT APPLICATION

PLEASE PRINT OR TYPE

MUNICIPALITY Cranston NUMERICAL CODE 07 PERMIT NO. 01-0228
 APPLICATION DATE 3/22/01 CENSUS TRACT _____ FEE RECEIVED: \$ 2600 BY me
 1. STREET LOCATION 45 GLENWOOD AVE 2. ZONING DISTRICT B-2
 3. PLAT/MAP 9 4. LOT/BLOCK 3 5. FILE/PARCEL 1054 6. AREA _____ 7. FIRE DISTRICT NO. (0 OR 1) _____
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY PROPOSED SAME
 9. OWNER ANTHONY IAFRATE SR ADDRESS SAME TEL. NO. 781-4780
 10. CONTRACTOR (0 OR 1*) _____ TEL. NO. _____
 11. CONTRACTOR ADDRESS SAME 12. RI CONTR. REG. # _____ 13. EXPIR. DATE _____
 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 80'X6' STOCKADE TO REAR OF YARD

19. USE OF EACH FLOOR

BSMT.
1st
2nd
3rd
Other

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 A
 3. 2A _____ 7. 3B _____
 4. 2B _____ 8. 4 _____

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 THEATRES W/STAGE 13. _____ I-2 INSTITUTIONAL INCAPACITATED
 2. _____ A-1-B THEATRES 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 NO. OF BATHROOMS 3. _____ Full 4. _____ Half

MULTI-FAMILY

5. _____ TOTAL NO. OF KITCHENS
 TOTAL NO. OF BATHROOMS 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.

G. FOUNDATION SETS BACK FROM PROPERTY LINES

1. FRONT _____ ft., _____ in.
 2. REAR _____ ft., _____ in.
 3. LEFT SIDE _____ ft., _____ in.
 4. RIGHT SIDE _____ ft., _____ in.

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 \$ 500 .00
 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
 2. ELECTRICAL \$ _____ .00
 3. PLUMBING OR PIPING \$ _____ .00
 4. HEATING, AIR COND. \$ _____ .00
 5. OTHER, ELEVATOR, ETC. \$ _____ .00
TOTAL COST \$ 500 .00

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 _____

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) _____

O. FEES

1. MUNICIPAL BUILDING PERMIT FEE = \$ 25 .00
 2. CE & ADA FEE: _____
 + _____ x .001 \$ _____ .00
 (I) ITEM #1 + ITEM #5 x .001 \$ _____ .00
TOTAL PERMIT FEE \$ 26 .00
 (1 & 2 FAMILY DWELLING LIMITED) TO CE & ADA FEE OF \$50.00

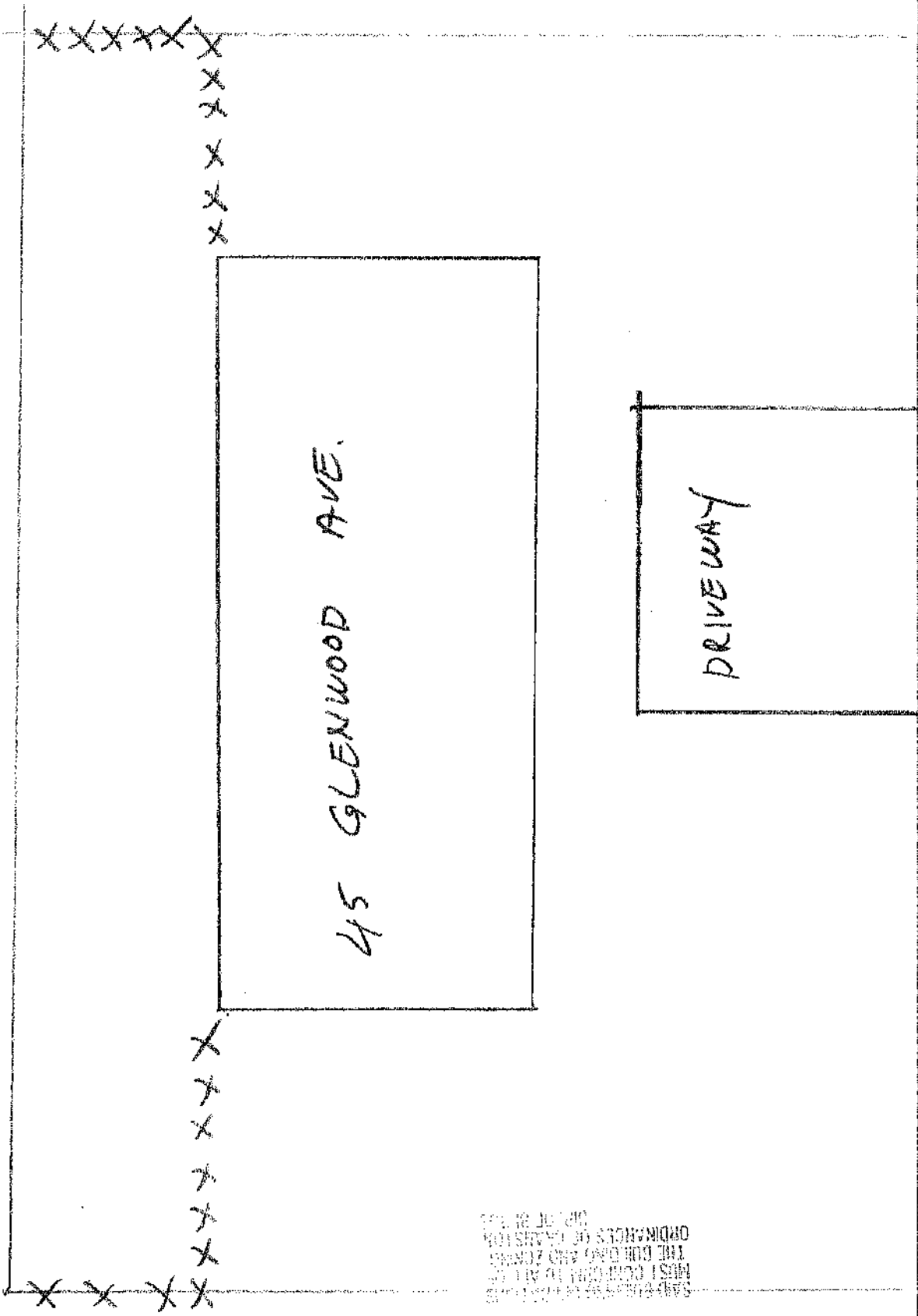
I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

* IN-STATE CONTRACTOR = 0
 * OUT-OF-STATE CONTRACTOR = 1

TEL. NO. _____ APPLICANT'S SIGNATURE Anthony Iafate Jr.
 FOR _____

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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



OFFICE OF INSPECTION OF BUILDINGS
CITY OF CHICAGO
MAY 22 01
SAP 2001
MUST COMPLY TO ALL CITY ORDINANCES AND ZONING ORDINANCES OF CHICAGO
CIP 101 21 100

OFFICE OF THE COUNTY CLERK

1992 01

State of California
County of Santa Clara
Office of the County Clerk
1000 Main Street, San Jose, CA 95128
Phone: (408) 298-1000

X X X
X X X
X X X
X X X
X X X

45 GLENWOOD AVE.

DRIVEWAY

X X X X X
X X X X X
X X X X X

AFFIDAVIT

THE UNDERSIGNED, BEING DULY SWORN, UPON OATH,
DEPOSE AND STATE AS FOLLOWS:

I ANTHONY IAFRATE JR,
AM THE OWNER OF THE PROPERTY LOCATED AT:

45 GLENWOOD AVE. CRANSTON, RI

ON _____, I APPLIED FOR AND RECEIVED A:

BUILDING PERMIT # 01-0228

ELECTRICAL PERMIT # _____

PLUMBING PERMIT # _____

MECHANICAL PERMIT # _____

FROM THE CITY OF CRANSTON BUILDING INSPECTOR.

I WILL PERFORM ALL WORK RELATED TO THE ABOVE
MENTIONED PERMIT(S).

I WILL ENSURE THAT ALL THE WORK PERFORMED WILL
BE TO ALL CODES AND THAT I WILL MAKE ALL CHANGES
NEEDED TO CORRECT ANY CODE VIOLATIONS.

IN THE EVENT THAT I DECIDE TO HIRE A CONTRACTOR
TO PERFORM WORK RELATIVE TO THE ABOVE MENTIONED
PERMIT(S), I WILL HIRE A LICENSED AND / OR A REGISTERED
CONTRACTOR AND PROVIDE THEIR LICENSE AND / OR
REGISTRATION NUMBER TO THE BUILDING INSPECTORS
OFFICE FOR THEIR RECORD.

SIGNED: Anthony Iafate Jr.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22nd DAY OF
March, 2001.

Maree J Perry
NOTARY PUBLIC

MY COMMISSION EXPIRES: February 6, 2005

CITY OF CRANSTON

PERMIT ROUTE SLIP

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO COMPLETE THE NECESSARY STOPS WITH THE APPROPRIATE DEPARTMENTS AT CITY HALL. SITE PLAN MUST ACCOMPANY THIS ROUTE SLIP!

ADDRESS: 45 Glenwood Ave

PROJECT DESCRIPTION: Fence

CONTACT PERSON: _____ PHONE # _____

1. TAX ASSESSOR'S OFFICE (CITY HALL ROOM 113)

OWNER OF RECORD Soil Scouts of R 2 Inc

ASSESSOR'S PLAT AND SECTION # 9/3 ASSESSOR'S LOT #(S): 1054

RECORDED PLAT AND SECTION # _____ RECORDED LOT # (S): _____

SIGNED BY: L. Hawkins DATE: 3/22/01

2. TAX COLLECTOR'S OFFICE (CITY HALL ROOM 206) TAXES PAID UP TO DATE? YES NO

SIGNED BY: B. B... DATE: 3-22-01

3. PLANNING DEPARTMENT (CITY HALL ROOM 309)

- A. SUBDIVISION OR LAND DEVELOPMENT PLAN REQUIRED? _____ YES _____ NO
- B. POSSIBLE WETLANDS APPROVAL REQUIRED? _____ YES _____ NO
- C. DOES PROJECT NEED RIPDES APPROVAL? _____ YES _____ NO
- D. FLOOD PLAIN DESIGNATION _____ FLOOD ELEV. _____
- E. SOIL EROSION PLAN REQUIRED? _____ YES _____ NO
- F. CFIF IMPACT FEES PAID AT SUBDIVISION? _____ YES _____ NO
 - EASTERN IMPACT FEE DUE: \$ 593.46 X _____ UNITS = \$ _____ TOTAL AMOUNT DUE
 - WESTERN IMPACT FEE DUE: \$1,389.50 X _____ UNITS = \$ _____ TOTAL AMOUNT DUE
- G. WCWD IMPACT FEES PAID AT SUBDIVISION? _____ YES _____ NO
 - RESIDENTIAL FEE DUE: \$1,352.00 X _____ UNITS = \$ _____ TOTAL AMOUNT DUE
 - NON RESIDENTIAL FEE DUE: \$6,003.00 X _____ ACRES = \$ _____ TOTAL AMOUNT DUE
- H. WAS THIS AREA ZONED M-1 OR M-2 PRIOR TO JANUARY 1, 1983, LOCATED WEST OF I-295, SOUTH OF PLAINFIELD PIKE AND NORTH OF SCITUATE AVE? _____ YES _____ NO
- I. POSSIBLE CRMC AND / OR RIHPHC APPROVAL? _____ YES _____ NO
- J. INSIDE A LOCAL HISTORIC DISTRICT? _____ YES _____ NO
- K. INSIDE A STATE ENTERPRISE ZONE? _____ YES _____ NO
- L. SITE PLAN REVIEW REQUIRED? _____ YES _____ NO
- M. SITE PLAN REVIEW APPROVED? _____ YES _____ NO DATE: _____

SIGNED BY: _____ DATE: _____

Granston
MUNICIPALITY

CERTIFICATE OF USE AND OCCUPANCY

No. 07

THIS IS TO CERTIFY that the New/Dwell

Construct S/F ranch--26' x 42', w/ 10' x 10' deck,

no garage, no FP; as per plans ; ground water

mitigation to be provided as required;ZBR 6/14/00

erected on Map: 9 Block: 3 Parcel: 1054

Street and No.: 45 Glenwood Av

Owner: David Cloxton Use Zone: B-2

Architect or Engineer: Ocean State Planners

Contractor: Cloxton Assoc. Builders
Reg. No.: 9440

Building Permit No.: B00-1060 Plan No.: _____

has been inspected and the following occupancy thereof
is hereby authorized: Use Group: R-4

Construction Type: 5B

Occupancies: Max. Allowable floor
live loads per sq. ft.

Occupancy
Load

Basement: Unfinished

1st Floor: Living/Sleeping

2nd Floor: _____

3rd Floor: _____

Other: _____

Remarks: _____

This Certificate must be posted where required by the State Building
Code, and permanently maintained in a conspicuous place at or
close to the entrance of the building or structure referred to above.

Building Official

Expiration Date

February 22 19 2001

None

CITY OF CRANSTON

HIGHWAY MAINTENANCE DIVISION

CERTIFICATE OF CURBING/SIDEWALK INSPECTION

LOCATION: 45 GLENWOOD AVENUE

The property at the above referenced location has been inspected, and meets all City of Cranston standards and specifications for installation of new precast concrete curbing (minimum) and all sidewalk treatments as required by signed affidavit.

CURBING:

Type:.....Pre-cast cement
Line:.....O.K.
Grade:.....O.K.
Amount:.....Entire

SIDEWALK:

Type:.....Gravel/Grass
Line:.....O.K.
Grade:.....O.K.
Amount:.....Entire

ROADWAY:

Type:.....Asphalt
Line:.....O.K.
Grade:.....O.K.
Amount:.....Entire

DATE:.....DECEMBER 1, 2000

INSPECTED BY: _____

SIGNED: _____

DEPUTY PUBLIC WORK'S DIRECTOR



THIS FORM MUST BE AFFIXED TO THE CERTIFICATE OF USE & OCCUPANCY

PLUMBING PERMIT APPLICATION

CA BC-6

CITY/TOWN Cranston NUMERICAL CODE 07 PERMIT NO. S-21831
 APPLICATION DATE 09/13/00 CENSUS TRACT _____ FEE RECEIVED: \$ 26.00 BY R.P.F.

1. STREET LOCATION 45 Glenwood Ave. New or Old Bldg. 2. No. of Stories 1
 3. PLAT/MAP 009 4. LOT/BLOCK 3 5. FILE/PARCEL 1054 6. PRIVATE SEWAGE: ISDS NO. _____ DATE _____
 7. USE OF STRUCTURE: PREVIOUS vacant land PROPOSED new dwelling
 8. OWNER Dave Claxton ADDRESS 40 Lake View Rd. Cranston TEL. NO. 942-3309
 9. MASTER PLUMBER Richard Salley ADDRESS 153 GAZZA Rd. Gloster RI TEL. NO. 568-1792
02814 478-2825
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 11. STAMPED PRINTED (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. MASTER PLUMBER LIC. NO. 01969
 14. DESCRIPTION OF WORK TO BE PERFORMED: Tie in existing line to house (new)
 15. ESTIMATED COST: \$ 500

MUNICIPAL PLUMBING PERMIT FEE:		= \$	<u>25.00</u>
CE/ADA FEE: _____ x .001		= \$	<u>1.00</u>
ESTIMATED COST x .001		= \$	<u>5.00</u>
(1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$50.00)		TOTAL PERMIT FEE	= \$ <u>31.00</u>

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 State and this jurisdiction.

MASTER PLUMBER'S SIGNATURE Richard Salley

	WATER CLOSET	SINKS	LAV. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP. PRESS. VALVE	VAC. BREAKER	WASH TUB	SLOP SINK	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO. WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT WASTES	BACKFLOW PREVENTERS	PRESSURE BOILER	YARD OR AREA DRAINS	CONNECT TO SEWER	OTHER
BASEMENT																								
1ST STORY																								
2ND STORY																								
3RD STORY																								
4TH STORY																								
5TH STORY																								
6TH STORY																								
7TH STORY																								
8TH STORY																								
9TH STORY																								
10TH STORY																								
TOTALS																								
TRAP TYPE																								
PIPE MAT'L																								
VENTED TO ROOF																								

SEWER

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections:
 Rough _____
 FINAL OK - 09/19/00 R.P.F.
 Disapproved* _____
 *For the following reasons: _____

PERMIT GRANTED:
 DATE 09/13/00
 BY R.P.F. PLUMBING INSPECTOR

CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE _____ PLUMBING INSPECTOR _____

PLUMBING PERMIT APPLICATION

CA BC-6

MUNICIPALITY Cranston NUMERICAL CODE 07 PERMIT NO. P-0389
 APPLICATION DATE 10/4/00 CENSUS TRACT _____ FEE RECEIVED: \$ 63.- BY R.A.F.

1. STREET LOCATION 45 Glenwood Ave New or Old Bldg. 1
 2. No. of Stories _____
 3. PLAT/MAP 009 4. LOT/BLOCK 3-1 5. FILE/PARCEL 1054 6. PRIVATE SEWAGE: ISDS NO. _____ DATE _____
 7. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 8. OWNER Clopton + Associates ADDRESS _____ TEL. NO. _____
 9. MASTER PLUMBER Richard F Salley ADDRESS 153 Gage Rd TEL. NO. 528-1792
Glocester, RI. TEL. NO. 478-2825
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 11. STAMPED PRINTED (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. MASTER PLUMBER LIC. NO. 01969
 14. DESCRIPTION OF WORK TO BE PERFORMED Rough / Finish 1 Bath NSF0
 15. ESTIMATED COST: \$ 2850

MUNICIPAL PLUMBING PERMIT FEE:		= \$	<u>60.-</u>
CE/ADA FEE: _____ x .001		= \$	<u>3.-</u>
ESTIMATED COST x .001		= \$	<u>63.-</u>
(1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$50.00)		TOTAL PERMIT FEE	= \$ <u>63.-</u>

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 State and this jurisdiction.

MASTER PLUMBER'S SIGNATURE

Richard Salley

	WATER CLOSET	SINKS	LAV. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP. PRESS. VALVE	VAC. BREAKER	WASH TUB	SLOP SINK	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO. WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT WASTES	BACKFLOW PREVENTERS	PRESSURE BOILER	YARD OR AREA DRAINS	CONNECT TO SEWER	OTHER	
BASEMENT	1														1										
1ST STORY	1	1	1	1																					
2ND STORY																									
3RD STORY																									
4TH STORY																									
5TH STORY																									
6TH STORY																									
7TH STORY																									
8TH STORY																									
9TH STORY																									
10TH STORY																									
TOTALS	2	1	2	1											1										
TRAP TYPE	<u>P-TRAP</u>																								
PIPE MAT'L	<u>PVC / COPPER</u>																								
VENTED TO ROOF	<u>YES</u>																								

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections: C.B. only OK-10-5-00 R.A. Ferri
Rough OK-10-16-00 R.A. Ferri

PERMIT GRANTED: _____
 DATE 10/4/00
 BY R.A. Ferri PLUMBING INSPECTOR

FINAL [Signature]
 Disapproved* [Signature] 2-16-01

*For the following reasons: _____

CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE _____ PLUMBING INSPECTOR _____

MECHANICAL PERMIT APPLICATION

CA BC-4

M-0448

MUNICIPALITY CRASTON NUMERICAL CODE 07 PERMIT NO. _____
 APPLICATION DATE 10-16-00 CENSUS TRACT _____ FEE RECEIVED: \$ 67.- BY HT

1. STREET LOCATION 45 Glenwood Ave No. of Stories 1
 2. PLAT/MAP 009 3. LOT/BLOCK 3 4. FILE/PARCEL 1054 5. MATERIAL OF STRUCTURE IS WOOD
 6. USE OF STRUCTURE: PREVIOUS empty Lot PROPOSED Dwelling
 7. OWNER Croxton & Associates ADDRESS _____ TEL. NO. _____
 8. CONTRACTOR Greenville Corp ADDRESS 7 Richard St Smithfield TEL. NO. 231-1659
 9. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 10. STAMPED PRINTS YES ___ NO 11. ARCH. OR ENG. REG. NO. _____ 12. CONTRACTOR'S LIC. NO. 6431
 13. RATING OF BOILER OR FURNACE 20000 Drawings submitted Yes ___ No
 14. Check one: Construct ___ Install Replace ___ Reconstruct ___ 15. Estimated Cost of Labor and Material: \$ 25000
 16. Floor location of equipment Cellar ___ 1st Flr. ___ 2nd Flr. ___ 3rd Flr. ___ Other ___
 17. CAPACITY of STORAGE TANK _____ EXISTING ___ NEW
 18. DESCRIPTION OF WORK TO BE PERFORMED 1 zone Forced Hot Water gas System

19. Estimated Cost of Labor and Materials: \$ 25000

MUNICIPAL MECHANICAL PERMIT FEE:		= \$	<u>60.</u>
CE & ADA FEE	_____ x .001	= \$	<u>7.-</u>
	ESTIMATED COST x .001	= \$	<u>67.-</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)		TOTAL PERMIT FEE	= \$

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 application codes and ordinances of the municipality.

Tel. No. 231-1659 T. J. ... SIGNATURE OF APPLICANT

Installation for: Incinerators w/ or w/a Air Pollution Control, Settling Chambers, Scrubber Afterburner.	Boiler Installations, 200,000 BTU or more, or for Dwellings of 6 Units or More.	Elevators, Dumbwaiters, Moving Stairs, and certain other Conveying Devices.
This Application to Install or Renovate the above must also be reviewed by:	This Application to Install or Renovate the above must also be reviewed by:	This Application to Install or Renovate the above must also be reviewed by:
R.I. DEPT. OF HEALTH DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, R.I. 02903	R.I. DEPT. OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, R.I. 02907.	R.I. DEPT. OF LABOR DIVISION OF OCCUPATIONAL SAFETY, ELEVATOR UNIT 220 Elmwood Avenue Providence, R.I. 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

Revised 10-16-00 H. Tamm
Final 2-15-01 H. Tamm

PERMIT GRANTED:
 DATE 10-16-00
 BY H. Tamm
 MECHANICAL INSPECTOR

ELECTRICAL PERMIT APPLICATION

CA 8C-5

MUNICIPALITY Cranston NUMERICAL CODE 07 PERMIT NO. ED-0972
 APPLICATION DATE 10-12-2000 CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY MEZ

1. STREET LOCATION 45 Greenwood Ave POLE NO. or UNDERGROUND NO. _____
 2. PLAT/MAP 009 3. LOT/BLOCK 3 4. FILE/PARC 1084 5. FLOOR LOCATION _____
 6. USE OF STRUCTURE: PREVIOUS VACANT LOT PROPOSED Single Family Home
 7. Temporary New Installation _____ Change of Service _____ Starting Date 10/12/00
 8. OWNER D. Claxton & ASS. ADDRESS 110 Lakeview Drive Cranston TEL. NO. 942-3309
 9. ELECTRICAL CONTRACTOR Tom Ferry ADDRESS 90 HIGHWAY 7 UNIT 12 Cranston TEL. NO. 640-2900
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 11. STAMPED PRINTS (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. ELECTRICIAN'S LIC. NO. A3533
 14. DESCRIPTION OF WORK TO BE PERFORMED WIRE NEW HOME FOR ELECTRIC, PHONE, CABLE

15. Service entrance voltage 120/240 Amperage 100 Phase 1 No. of Meters 1
 16. Wire size (cu. or al.) #2 AL Conductor Per Phase 1
 17. Estimated load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, H.P. Phase _____
 18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 1800.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$	<u>50</u>
CE & ADA FEE: _____ x .001	= \$	<u>2</u>
(1 & 2 FAMILY DWELLINGS LIMITED) TO CE & ADA FEE OF \$50.00		
TOTAL PERMIT FEE	= \$	<u>52</u>

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 ordinance of the state and this jurisdiction.

ELECTRICAL CONTRACTOR'S SIGNATURE Thom Ferry

DO NOT WRITE BELOW THIS LINE **ELECTRICAL WIRING PERMIT**

Inspections
 Temporary Service _____
 Roughing In _____
 Service & Meter _____
 Off Peak Meter SR # 008273
 Final Approval _____
 Disapproved* _____
 *For the following reasons _____

Date _____
 PERMIT GRANTED
 DATE 10-12-2000
 BY [Signature]
 ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

To the Electric Utility Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

 ELECTRICAL INSPECTOR

BUILDING PERMIT APPLICATION

MUNICIPALITY Cranston NUMERICAL CODE 07 PERMIT NO. 00-1060
 APPLICATION DATE 8/17/00 CENSUS TRACT _____ FEE RECEIVED: \$ 676.92 BY GS
 1. STREET LOCATION Glenwood Avenue #45 2. ZONING DISTRICT B-2 Wood 2
 3. PLAT/MAP 9-3 4. LOT/BLOCK 1054 5. FILE/PARCEL 1054 6. AREA 6000 7. FIRE DISTRICT NO. (0 OR 1) _____
 8. USE OF STRUCTURE: PREVIOUS VACANT LAND PROPOSED Single family dwelling
 9. OWNER Clorton DAVID ADDRESS 110 Lakeview Rd. Cranston TEL. NO. 942-3107
 10. CONTRACTOR (0 OR 1) Clorton Associates TEL. NO. _____
 11. CONTRACTOR ADDRESS _____ 12. RI CONTR. REG. # 9440 13. EXPIR. DATE 11/01/01
 14. ARCH. OR ENG. Ocean St. Planners 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 To construct a single family ranch 26'x42' w/ a 10x10 deck - NO GARAGE - NO FIRE PLACE - As per plans submitted - Ground water mitigation to be provided as required
 19. USE OF EACH FLOOR
 BSMT. UNFINISHED
 1st LIVING/SLEEPING
 2nd _____
 3rd _____
 Other _____

As approved BY ZBR ON 6/14/00

A. TYPE OF IMPROVEMENT 1. <input checked="" type="checkbox"/> NEW STRUCTURE 2. _____ ADDITION TO STRUCTURE 3. _____ INSTALLATION 4. _____ RECONSTRUCTION 5. _____ REPLACEMENT 6. _____ FOUNDATION ONLY	B. OWNERSHIP PUBLIC 1. _____ STATE 2. _____ CITY OR TOWN 3. _____ OTHER, SPECIFY _____ PRIVATE 4. <input checked="" type="checkbox"/> TAXABLE 5. _____ TAX EXEMPT	C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (check one)) 1. 1A _____ 5. 2C _____ 9. 5A _____ 2. 1B _____ 6. 3A _____ 10. 5B <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 THEATRES W/STAGE 2. _____ A-1-B THEATRES W/O STAGE 3. _____ A-2 NIGHT CLUBS 4. _____ A-3 RESTAURANTS 5. _____ A-4 CHURCHES 6. _____ A-5 STADIUMS 7. _____ B BUSINESS 8. _____ E EDUCATIONAL 9. _____ F-1 FACTORY (MOD HAZ.) 10. _____ F-2 FACTORY (LOW HAZ.) 11. _____ H HIGH HAZARD 12. _____ I-1 INSTITUTIONAL GROUP HOME 13. _____ I-2 INSTITUTIONAL INCAPACITATED 14. _____ I-3 INSTITUTIONAL RESTRAINED 15. _____ M MERCANTILE 16. _____ S-1 STORAGE MODERATE 17. _____ S-2 STORAGE LOW 18. _____ SWIMMING POOL 19. _____ FENCES 20. _____ SIGNS 21. _____ OTHER SPECIFY _____	F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS, AND RECONSTRUCTION) SINGLE FAMILY 1. <u>1</u> TOTAL SINGLE FAMILY UNITS 2. <u>3</u> TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS <u>3</u> Full <u>1</u> Half MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS <u>6</u> Full <u>7</u> Half TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 8. Effic. _____ 9. _____ 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 1. FRONT <u>25</u> ft. <u>0</u> in. 2. REAR <u>24</u> ft. <u>0</u> in. 3. LEFT SIDE <u>25</u> ft. <u>0</u> in. 4. RIGHT SIDE <u>13</u> ft. <u>0</u> in.	H. DIMENSIONS 1. No. of Stories <u>1</u> 2. Basement: Yes <input checked="" type="checkbox"/> No _____ 3. Height of Construction Ft. <u>18'</u> MAX. WIDTH <u>42'</u> MAX. DEPTH <u>26'</u> 4. Total Floor Area Sq. Ft. w/o Basement <u>1092</u>	I. ESTIMATED COST MATERIAL AND LABOR 1. GENERAL TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST \$ <u>56000</u> .00 2. ELECTRICAL \$ _____ .00 3. PLUMBING OR PIPING \$ _____ .00 4. HEATING, AIR COND. \$ _____ .00 5. OTHER, ELEVATOR, ETC. \$ _____ .00 TOTAL COST \$ <u>56000</u> .00
--	--	--

J. FLOOD HAZARD AREA - 1. YES 2. NO 1. Elev. (MSL) of lowest floor incl. basement <u>2</u> 2. Elev. (MSL) of 100 year flood <u>2</u>	K. TYPES OF SEWAGE DISPOSAL 1. <input checked="" type="checkbox"/> PUBLIC 2. _____ PRIVATE SYSTEM* 3. ISDS NO. _____ DATE _____	O. FEES 1. MUNICIPAL BUILDING PERMIT FEE \$ <u>616</u> .00 2. CE & ADA FEE: \$ <u>50</u> .00 + x .001 (1) ITEM #1 + ITEM #5 x .001 TOTAL PERMIT FEE \$ <u>676</u> .92 (1 & 2 FAMILY DWELLING LIMITED) TO CE & ADA FEE OF \$50.00
L. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED <u>0</u> 2. OUTDOORS <u>4</u>	M. TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	N. EQUIPMENT* 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.

* IN-STATE CONTRACTOR = 0 OUT-OF-STATE CONTRACTOR = 1
 * STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

TEL. NO. 942-3309 APPLICANT'S SIGNATURE David L. Clorton
 FOR Kathleen Clorton

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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

CITY OF CRANSTON, RHODE ISLAND ROUTE SLIP

PLEASE NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO COMPLETE THE NECESSARY STOPS WITH THE APPROPRIATE DEPARTMENTS AT CITY HALL. **SITE PLAN MUST ACCOMPANY THIS ROUTE SLIP**

29-0027 25

DATE RECEIVED 3/28/00 REC'D BY _____

STREET ADDRESS 45 GLENWOOD Ave.
house number street name

PROJECT DESCRIPTION New 1 FAMILY HOME

CONTACT PERSON Dane Clopton PHONE # 942-3309

1. TAX ASSESSOR'S OFFICE (CITY HALL ROOM 113) ←

OWNER OF RECORD Girl Scouts of RI Inc

ASSESSOR'S PLAT # & SECTION 9-3 ASSESSOR'S LOT(S) # 1054-1055

RECORDED PLAT # _____ RECORDED LOT # _____

SIGNED BY [Signature] DATE 3-28-00

2. TAX COLLECTOR'S OFFICE (CITY HALL ROOM 206) ←

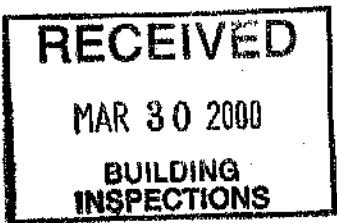
TAXES PAID UP TO DATE? YES NO _____

SIGNED BY [Signature] DATE 3/28/00 8-17-00 BD

3. CITY PLANNING DEPARTMENT (CITY HALL ROOM 309) ←

- A. SUBDIVISION OR PLAT REQUIRED: YES _____ NO
- B. POSSIBLE WETLANDS APPROVAL REQUIRED: YES _____ NO
- C. IN FLOOD PLAIN: FL. ELEV. YES _____ NO
- D. SOIL EROSION PLAN REQUIRED: YES NO _____
- E. IMPACT FEES

CFIF/PAID AT SUBDIVISION: YES _____ NO



paid ch# 6364

EASTERN CRANSTON FEE	Recreation: \$422.34 X # Units _____	= \$ _____	AMT DUE
	Police: \$171.12 X # Units _____	= \$ _____	AMT DUE
	Total: \$593.46 X # Units _____	= \$ <u>593.46</u>	TOTAL AMT DUE

WESTERN CRANSTON FEE	Recreation: \$422.34 X # Units _____	= \$ _____	AMT DUE
	Police: \$171.12 X # Units _____	= \$ _____	AMT DUE
	Library: \$181.21 X # Units _____	= \$ _____	AMT DUE
	Roadway: \$614.83 X # Units _____	= \$ _____	AMT DUE
	Total: \$1,389.50 X # Units _____	= \$ _____	TOTAL AMT DUE

WCWD FEE IMPACT FEE: # Units _____ or # Acres _____ AMT DUE \$ NA
(Res - \$1352./du) (Ind. \$6003/ac)

- F. DOES PROJECT NEED RIPDES APPROVAL? YES _____ NO
- G. IS THIS AREA ZONED M-1 OR M-2 PRIOR TO JANUARY 1, 1983, LOCATED WEST OF I-295, SOUTH OF PLAINFIELD PIKE AND NORTHERLY OF SCITUATE AVENUE? YES _____ NO
- H. POSSIBLE CRMC and RIHPC APPROVAL: YES _____ NO
- I. LOCAL HISTORIC DISTRICT: YES _____ NO

SIGNED BY [Signature] DATE 3/28/2000

PUBLIC IMPROVEMENT BOND RECEIPT AND AFFIDAVIT

SURETY FOR PUBLIC IMPROVEMENTS IN THE AMOUNT OF \$3,000.00
As required by the "Cranston City Code", section 5-13.

TO: CITY FINANCE DIRECTOR

X DATE 3/28/00

X PROPERTY LOCATION: GLENWOOD AVENUE

X ASSESSORS PLAT # 9-3 LOT # 1054/888

BUILDING PERMIT # 00-1060

X PAYEES NAME: DAVID CLOXTON

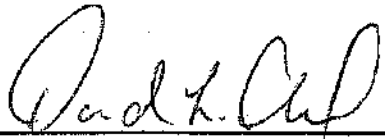
X ADDRESS: 110 LAKE VIEW ROAD

X CITY: CRANSTON STATE: R.I. ZIP CODE 02920

X TELEPHONE # 401-942-3309

It is my understanding that no certificate of occupancy will be issued by the Cranston Building Inspector until all the necessary improvements are made by the owner/applicant relating to sidewalk and pre-cast concrete curbing installation requirements which the Director of Public Works deems necessary and approves at the above referenced property.

It is noted that in all cases, pre-cast concrete curbing will be the minimum requirement and that finish treatment of sidewalk areas will be consistent with abutting properties. Any necessary paving of the roadway pertinent to the installation of curbing or utilities and necessary loaming and seeding and/or installation of cement sidewalks shall be completed prior to issuance of a certificate of occupancy.

X SIGNED:  DATE: 3/28/00

BUILDING INSPECTOR: 

* Fill in As Required At X's

POST THIS CARD SO IT IS VISIBLE FROM STREET

BUILDING PERMIT

OFFICE OF INSPECTION OF PERMITS
CITY HALL, CHICAGO, ILL. 60601

FEE PAID \$ 676 ⁹²

Received By G.S. /

AUG 17 00 Date Granted Aug 17, 2000

Numerical Code 00-1060

SAVED BY
BEST COPY AVAILABLE
THE BUILDING DEPARTMENT
ORDINANCES OF CHICAGO

THIS CERTIFIES THAT DAVID CLOXTIN

BCRB No. (IF APPLICABLE) 9440

has permission to Construct A S/F RANCH style Home w/ 10x10 Deck,
No Garage, No Fireplace, and Finished Basement - As per Plans Submitted,

"As Approved By The ZBR on 6/14/00"

Located at 45 Glenwood Ave Plat/Map 9 Lot/Block 3 Parcel/File 10574

provided that the person accepting this Permit shall in every respect conform to the terms of the application on file in this office and to the provisions of the Statutes and Ordinances relating to Zoning, Construction, Alteration and Maintenance of Buildings in the municipality 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 in the municipality shall be punished by penalties imposed by the State Building Code and Local Zoning Ordinances.

[Signature]
Building Official

BUILDING INSPECTION APPROVALS:

WORK SHALL NOT PROCEED UNTIL THE INSPECTOR HAS APPROVED THE VARIOUS STAGES OF CONSTRUCTION.

STAGE OF CONSTRUCTION

SIGNATURE

STAGE OF CONSTRUCTION

SIGNATURE

1.

2.

3.

4.

See BACK

This Permit must be returned for Certificate of Occupancy.

On remote sites this card may be kept within the contractor's vehicle, readily available for inspection.

17526/00

PLAN REVIEW WORKSHEET

CONTACT: David

DATE: 4/13/00

PHONE #: 942-3309

✓ ADDRESS: 45 Glenwood Ave

✓ ZONE: B-2 LOT SIZE: 6000' FRONTAGE: 80' WARD: 2

✓ SETBACKS FRONT: 25 REAR: 24 LEFT: 25 RIGHT: 13 ~~20' front 20' rear~~

BUILDING HEIGHT: 18 LOT COVERAGE: 20%

✓ ZONING APPROVAL LETTER 6/14/00

✓ ROUTE SLIP W/ ITEMS 1-6 COMPLETED AS NEEDED? need 102 updated

✓ SEWER FEE PAID?

N/A CURRENT ISDS SHOWING GWT AND FLOOR ELEVATIONS?

✓ GROUND WATER MITIGATION NEEDED? may need

N/A WETLANDS / CRMC / DOT-PAP APPROVALS REQUIRED?

N/A PROVIDENCE WATER EASEMENT REQUIRED?

✓ PROPERTY OWNER VERIFICATION? ~~None~~

✓ CFIF IMPACT FEE PAID? \$593.46 ~~Due~~

✓ CFIF FEE RECEIPT: #/ copy w/ ck

N/A WCWD FEE PAID?

N/A WCWD FEE RECEIPT:

✓ \$3000. BOND PAID?

✓ \$3000. BOND RECEIPT & AFFIDAVIT FORM: #/ copy to file

✓ SITE PLAN REQUIREMENT SHEET:

✓ PARKING CALCULATION DONE?

✓ 3 SITE PLANS RECEIVED? ~~not correct!~~

N/A OWNER PERFORMED WORK AFFIDAVIT / CONTRACTOR AUTHORIZATION? ~~not done~~

✓ PERMIT PROCEDURE FORM?

✓ INSPECTION REQUIREMENT FORMS SIGNED?

✓ CONTRACTOR REGISTRATION CARD VERIFIED OR COPY RECEIVED?

✓ 2 SETS OF CONSTRUCTION PLANS? See notes

N/A PROJECT CERTIFICATION REQUIRED?

✓ 2 SETS OF TRUSS ENGINEERING?

N/A 2 SETS OF WOOD / STEEL BEAM ENGINEERING?

✓ BUILDING PERMIT FEE DUE: \$626.92 (SEE BACK OF THIS PAGE FOR FEE CALCULATION)

✓ RADON SURCHARGE WORKSHEET COMPLETE? ~~NA~~

✓ BUILDING PERMIT APPLICATION: #/ Date/ #/ copy to file

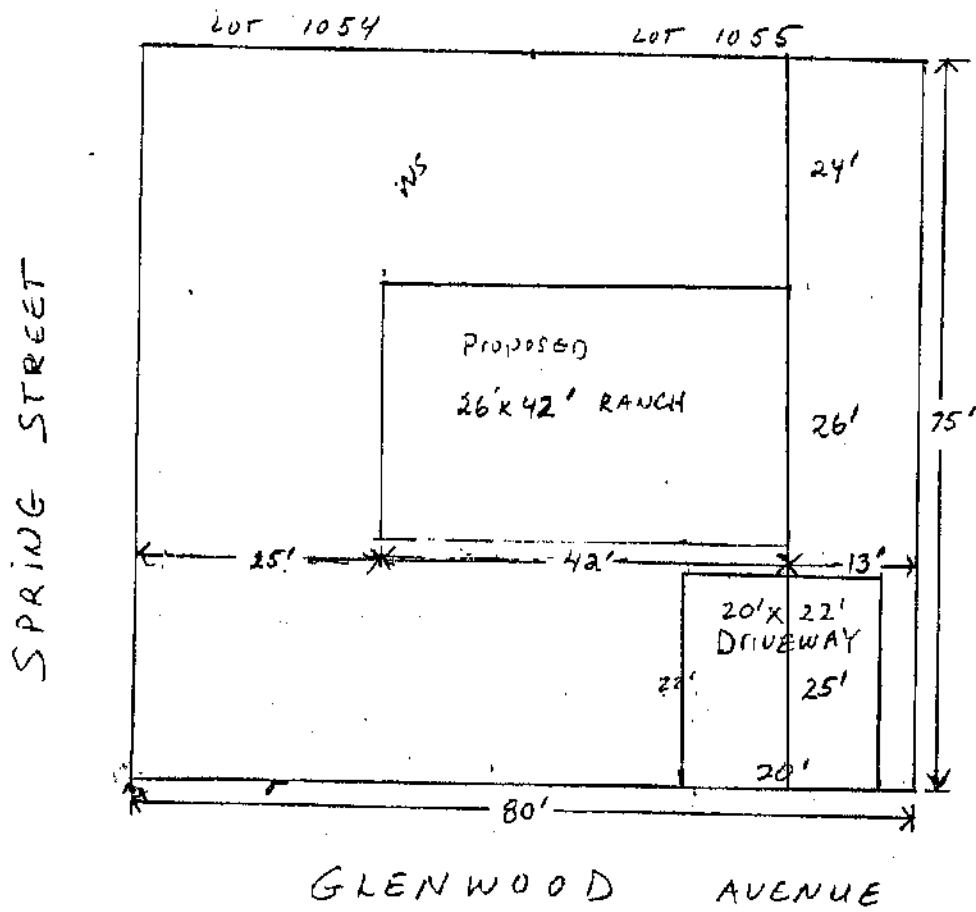
✓ INSPECTION CARD:

✓ BUILDING PERMIT CARD: #/ Date/ #/ stamp copy to file

✓ SIGN OFF ROUTE SLIP:

✓ F.I. Report #/ TL K.B.

ASSESSOR'S PLAT 9-3 LOTS 1054, 1055



#45 GLENWOOD AVE.

ZONING B-2

- 6000 SQ FT MIN.
- WIDTH 60'
- FRONT 25'
- REAR 20'
- SIDES 8'

D. CLOXTON + ASSOCIATES
 942-3309
 SCALE 1" = 20'

Drawn
 Date: 2/14/2



Individuals requesting services for the hearing impaired
must notify the office of the city clerk at 461-1000 X 3212

John R. O'Leary
Mayor

Stephen W. Rioles
Secretary

John P. Leyden
Enforcing Officer

Regular meeting on
Second Wednesday

OFFICE OF THE ZONING BOARD OF REVIEW

**CITY HALL
869 Park Avenue
Cranston, Rhode Island 02910**

Board members

Christopher DeSesto
Edward DiMuccio
Joy Montanaro
Julius Krasner

Michael Doran
Alternate members
Sharyn DiFazio
Curtis Ponder

NOTICE OF DECISION

You are hereby notified that **David Cloxton 110 Lake View Road Cranston 02920 (own/app)** has filed an application. For permission to leave an existing legal non-conforming building, with restricted front, side and rear yard set back, on a undersized lot at 50 Colonial Avenue. AP 9/3. Lot 1050, 1051, area 5678+/- SF, zoned B-2.

Applicant seeks relief from Section 30-28 Variances, 30-17 Schedule of Intensity, 30-18 (P) Off Street Parking and 30-8 Schedule of Uses.

THIS APPLICATION WAS APPROVED DATE 6/14/00

You are invited to be present. You may address the Zoning Board on the subject matter of this notice and if you so desire you may be represented by an attorney and have expert witness testify on your behalf. If you deem the Zoning Board's decision unfavorable, you may appeal same to the Providence County Court within a period of twenty days.

By order of Zoning Board of Review
Stephen W. Rioles

RECORDED
CRANSTON, RHODE ISLAND
MARIA H. WALL
CITY CLERK

00 JUN 20 PM 2:35



CITY OF CRANSTON

TO: All Builders, Contractors and Homeowners;

Feb. 01, 1998

Effective immediately, the following criteria shall apply to all construction projects for consumer and builder protection.

1. Approved site plans and construction plans must be available at the building site at all times for inspector's use.
2. Any change in the original plans must be submitted and approved by the appropriate inspector prior to execution of changes.
3. Separate permits are required for electrical, plumbing, mechanical and sewer.
4. Permit cards are to be posted prior to called inspections.
5. A \$25.00 re-inspection fee will be required if an inspector is recalled to any failed inspection. (THIS INCLUDES FIRE DEPARTMENT!)
6. Inspections requests MUST be called in at least 24 hours in advance.
8. Certificates of occupancy will be issued within 10 working days of all approved final inspections. PLAN ACCORDINGLY!
7. All permits become null and void if no inspection is called for within six months of issue or six months between inspections.

REQUIRED INSPECTIONS

1. Site and Foundation: To be called for prior to pouring any concrete. Includes footings, site setbacks and soil compaction certification.
2. Backfill: To be called for after damp proofing is applied and perimeter insulation is installed, but before any backfill is placed.
3. Deck Footings: To be inspected for size and depth prior to pouring.
4. Rough Plumbing, Mechanical, Electrical and FIRE: Inspections are to be completed and APPROVED prior to calling for structural inspection.
5. Structural Inspection: To be called for prior to any installation of insulation inside of structure.
6. Insulation and Fire stopping: To be called for prior to closing in of any walls, ceilings and inaccessible floors.
7. Finals: To be called for at the completion of building. This includes Plumbing, Mechanical, Electrical and Structural. This also includes lot grading, landscaping, curbing and final smoke detector inspection.
- * NOTE: All construction must conform to the newly revised R.I. State Building Codes, effective May 01, 1997.
8. Other Permits and Inspections: As required. May include alarms, curbing, sprinklers or any other that may be required for a Certificate of Occupancy.

I, Homeowner/Contractor hereby acknowledge receiving this requirement notice.

DATE: 3.28.00

SIGNED: 



Western Surety Company

LICENSE AND PERMIT BOND

For County, City, Town or Village Only-Not Valid for Bonds Required by the State. Not Valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses or Utility Guarantee Bond.

KNOW ALL MEN BY THESE PRESENTS:

BOND No. L & P-42928237

That we, David Cloxton
of the City of Cranston, State of Rhode Island, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State
of Rhode Island, as Surety, are held and firmly bound unto the
City of Cranston, State of Rhode Island, Obligee, in the amount
(Valid only when a County, City, Town or Village is named as Obligee)
of Three Thousand and no/100***** DOLLARS (\$3,000.00*****),
(NOT VALID FOR MORE THAN \$25,000)

lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed Public Improvement Plat # 9-3 Lot 1054-1055 Glenwood Ave

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 29th day of March, 2000, and ending on the 29th day of March, 2001, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal, in care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of thirty (30) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Dated this 29th day of March, 2000.

Principal

Countersigned

Resident Agent

WESTERN SURETY COMPANY

Principal

By

By

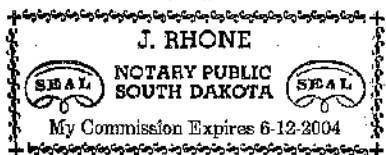
President

ACKNOWLEDGMENT OF SURETY

STATE OF SOUTH DAKOTA } ss (Corporate Officer)
County of Minnehaha }

On this 29th day of March, 2000, before me, the undersigned officer, personally appeared Stephen T. Pate, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



Notary Public, South Dakota

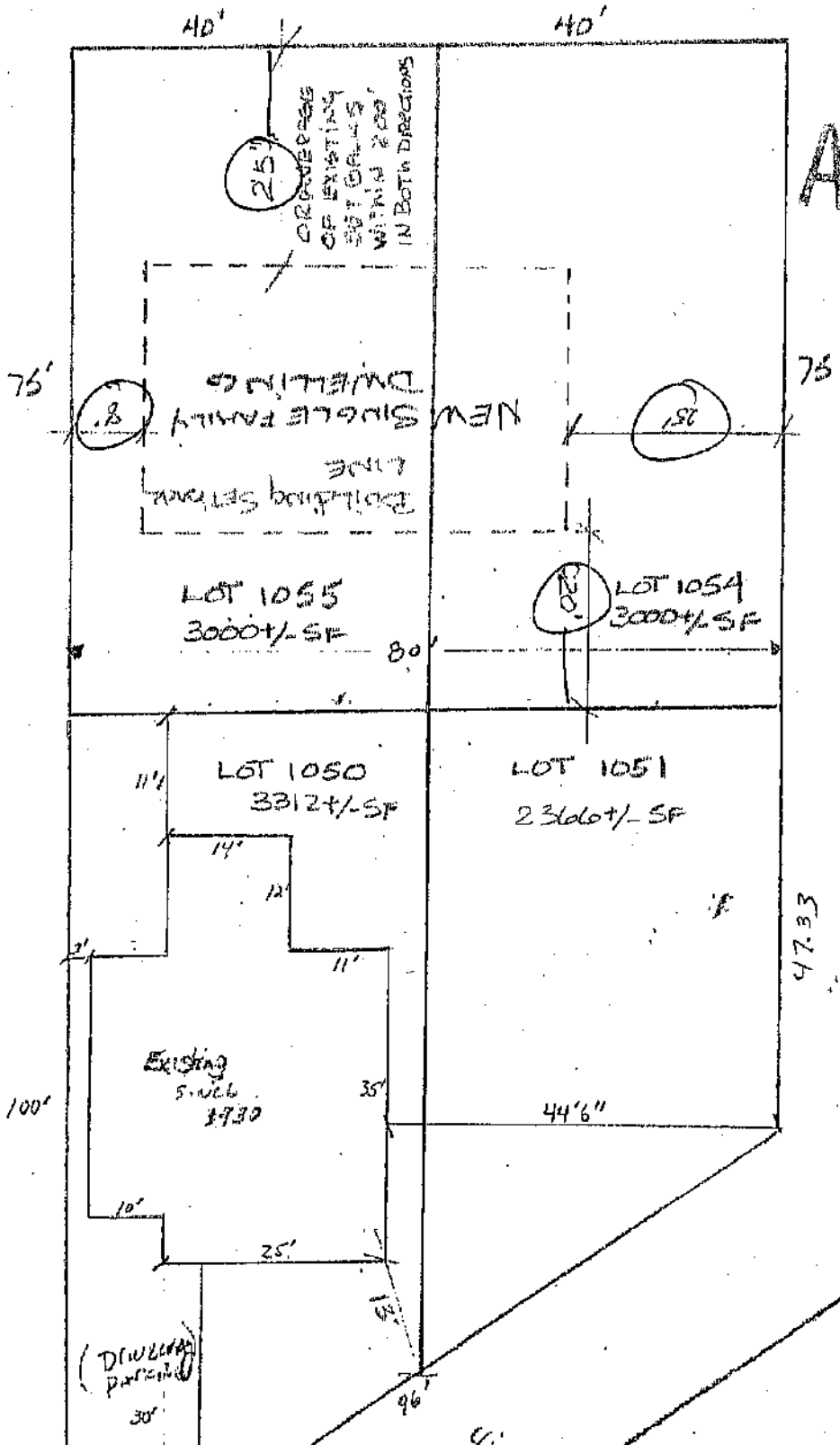
Western Surety Company • 101 S. Phillips Ave.
Sioux Falls, SD 57104 • 1-605-336-0850

GLENWOOD AVE

2BR

APPROVED

6/14/00



SPRING ST.

47.33

M/E

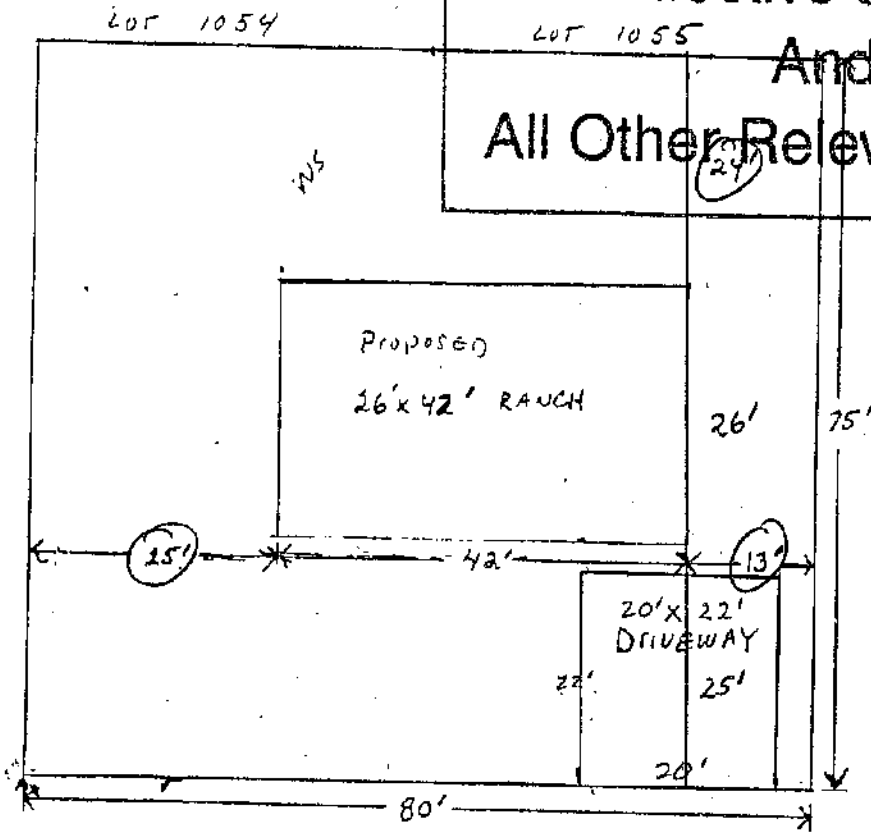
ACTUAL

ASSESSOR'S PLAT 9-3

LOTS 1054, 1055

Must Comply With
All RI Building Codes
Effective 5/1/97
And
All Other Relevant Codes

SPRING STREET



GLENWOOD AVENUE

#45 GLENWOOD AVE

**MUST BE SURVEYED.
AND STAKES IN PLACE
PRIOR TO ANY INSPECTION!**

ZONING 8-2

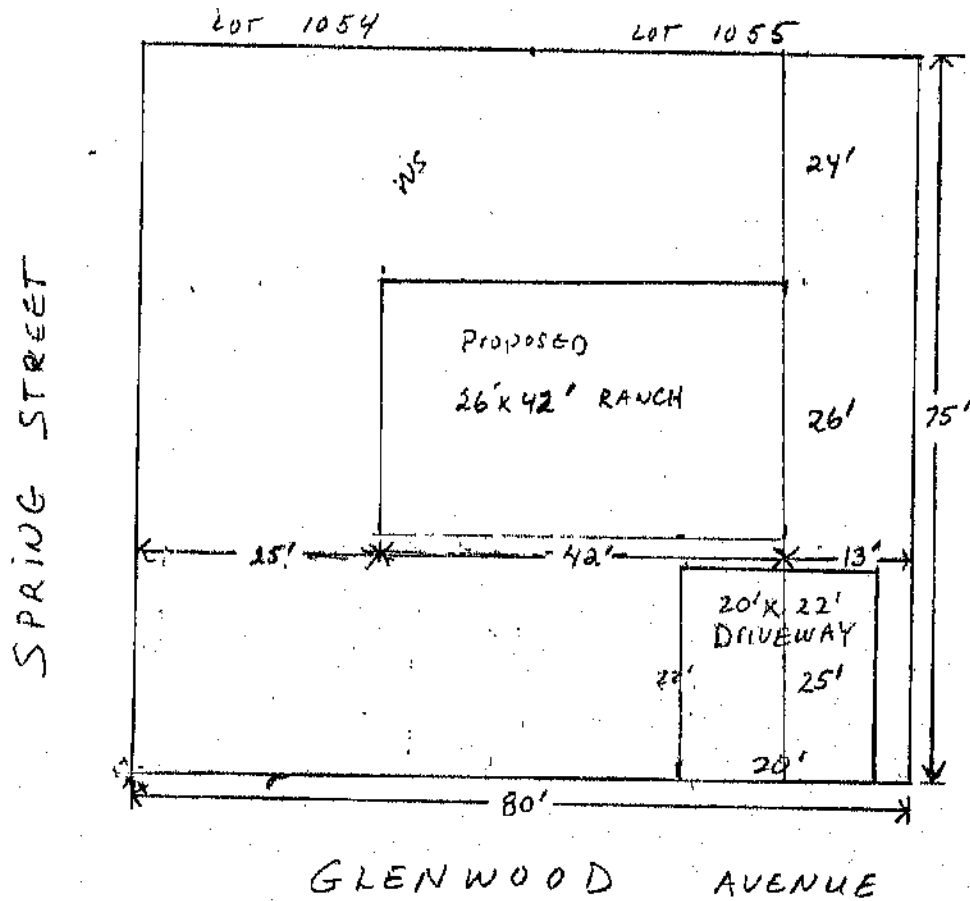
- 6000 SQ FT MIN.
- WIDTH 60'
- FRONT 25'
- REAR 20'
- SIDE 8'

D. CLOXTON + ASSOCIATES

942-3309

SCALE 1" = 20'

ASSESSOR'S PLAT 9-3 LOTS 1054, 1055



#45 GLENWOOD AVE.

ZONING B-2

6000 SQ FT MIN.

WIDTH 60'

FRONT 25'

REAR 20'

SIDES 8'

D. CLOXTON + ASSOCIATES

942-3309

SCALE 1" = 20'

Plans
DATE 5 314.2