

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 TOGRADE

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 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST \$ <u>2443</u> .00 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: _____ + _____ x .001 \$ <u>3</u> .00 (1) ITEM #1 + ITEM #5 x .001 \$ _____ 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 _____

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*

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. *Setbacks*

5.

2. *FINAL*

6.

3.

7.

4.

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

OFFICE OF INSPECTOR PAID \$ *73.00*

RECEIVED BY *[Signature]*

DATE GRANTED *4/26 2002*

NUMERICAL CODE *02-0541*

IF APPLICABLE *BURBING*

IF APPLICABLE *14883*

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!

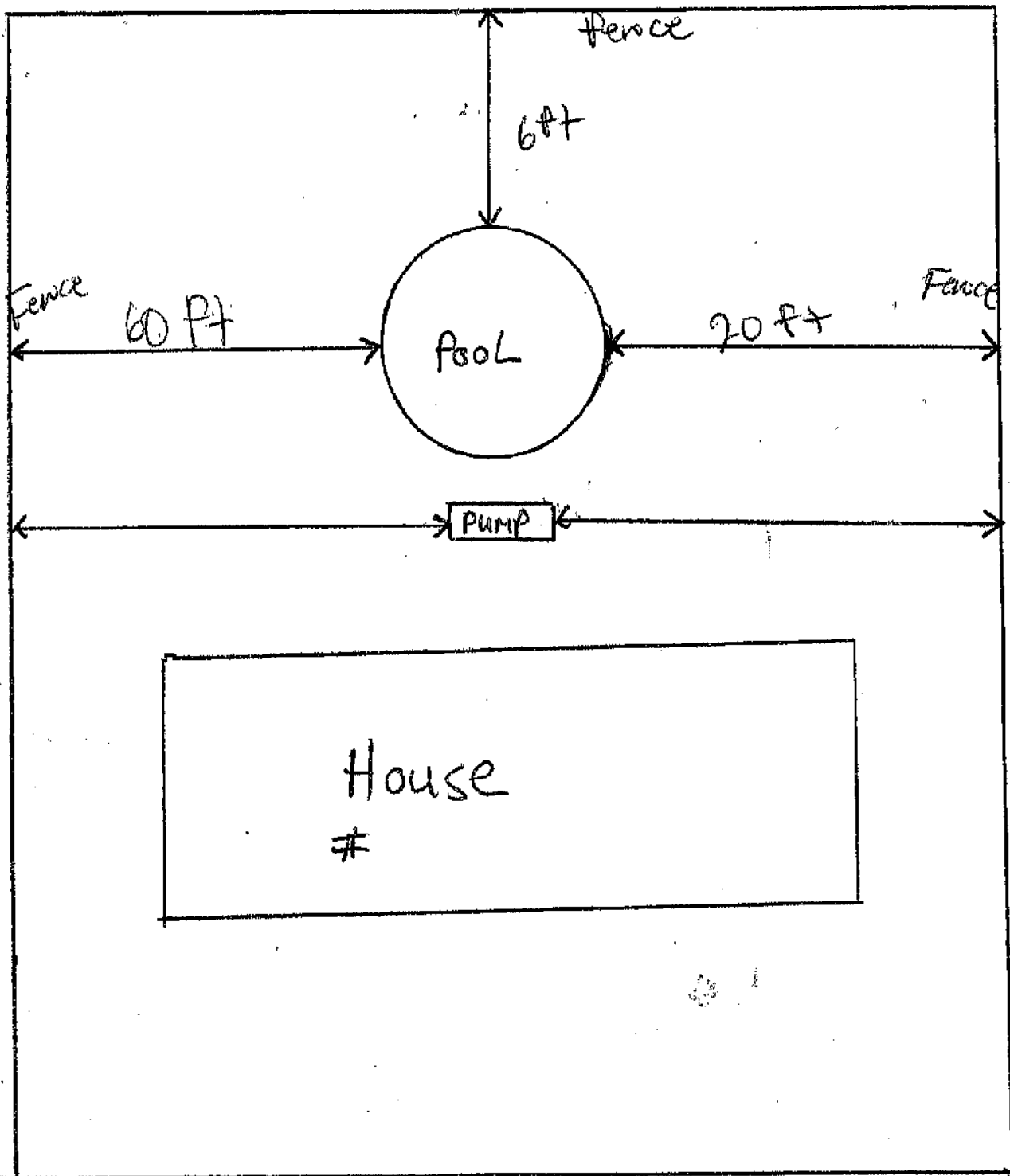
3. _____ PLANNING DEPARTMENT (CITY HALL ROOM 309)

- 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: _____

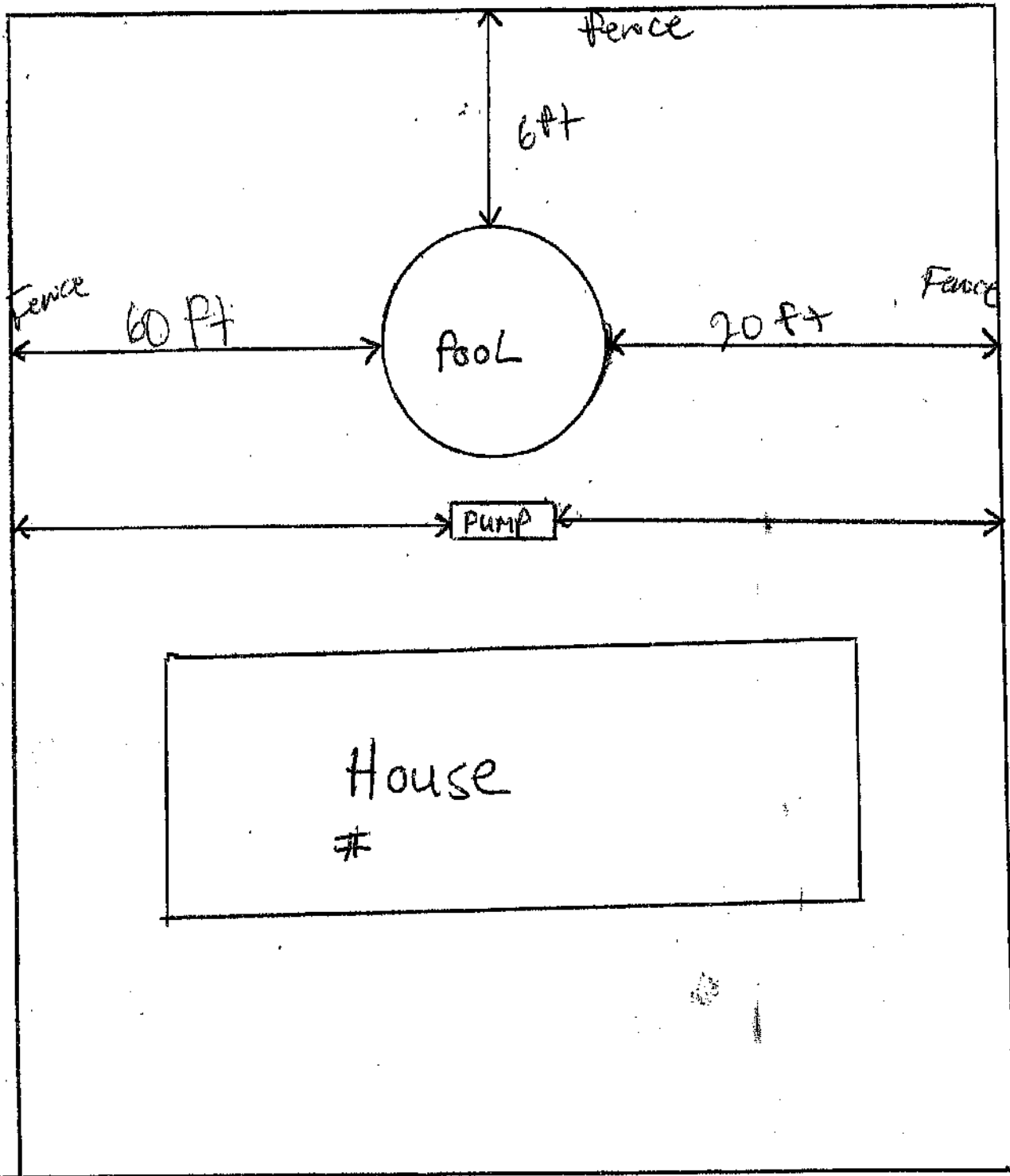
SIGNED BY: _____ DATE: _____

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

SIGNED BY: _____ DATE: _____

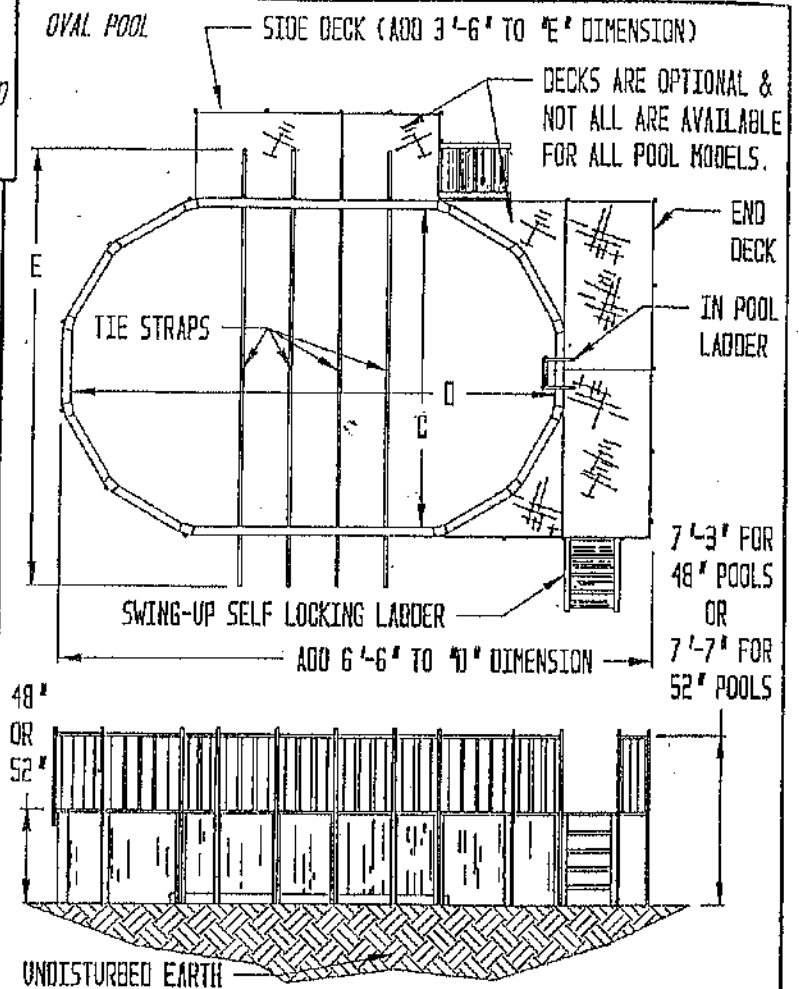
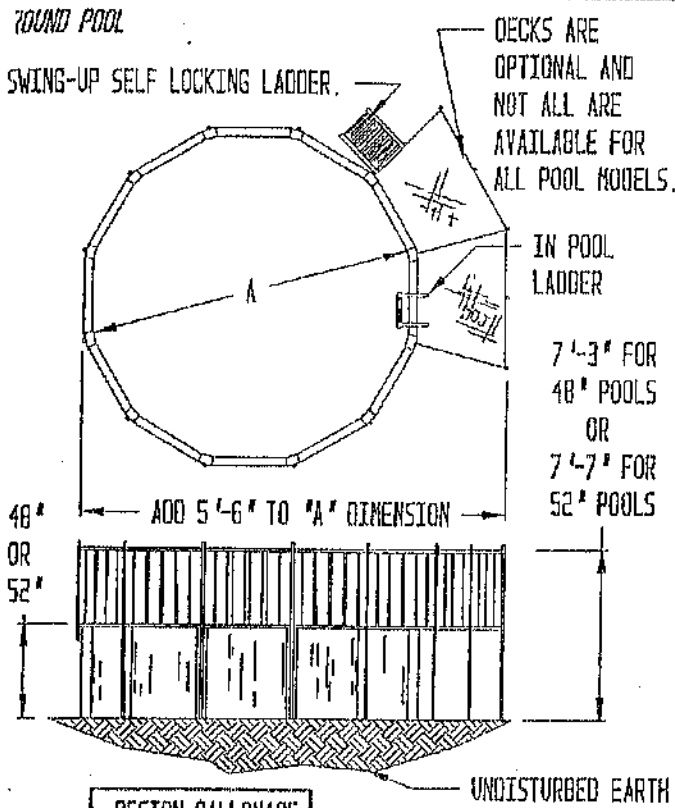


Street NAME
45 GLENWOOD Ave



Street NAME
45 GLENWOOD Ave

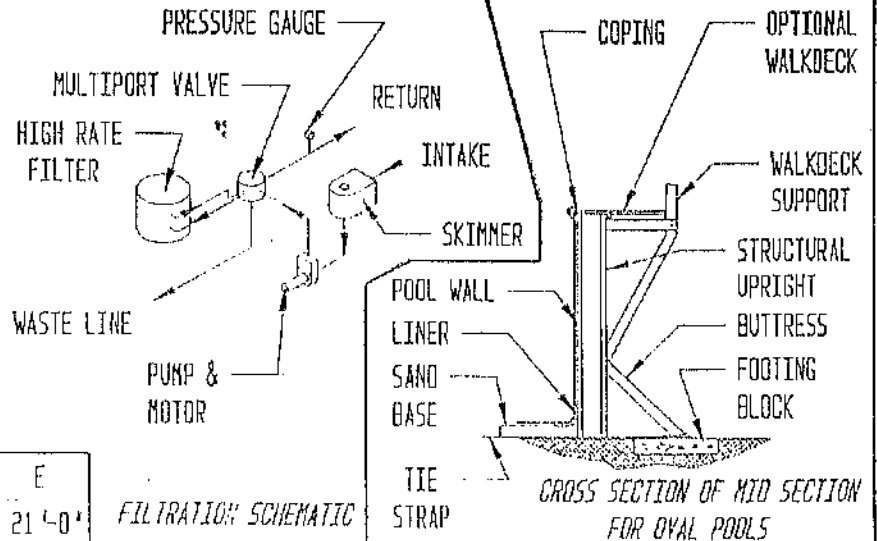
NOTE:
 THIS IS A NON-DIVING POOL AS DEFINED IN THE CURRENT
 'NATIONAL SPA AND POOL INSTITUTE' STANDARD FOR ABOVE GROUND
 SWIMMING POOLS. (NSPI-1).



| 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.

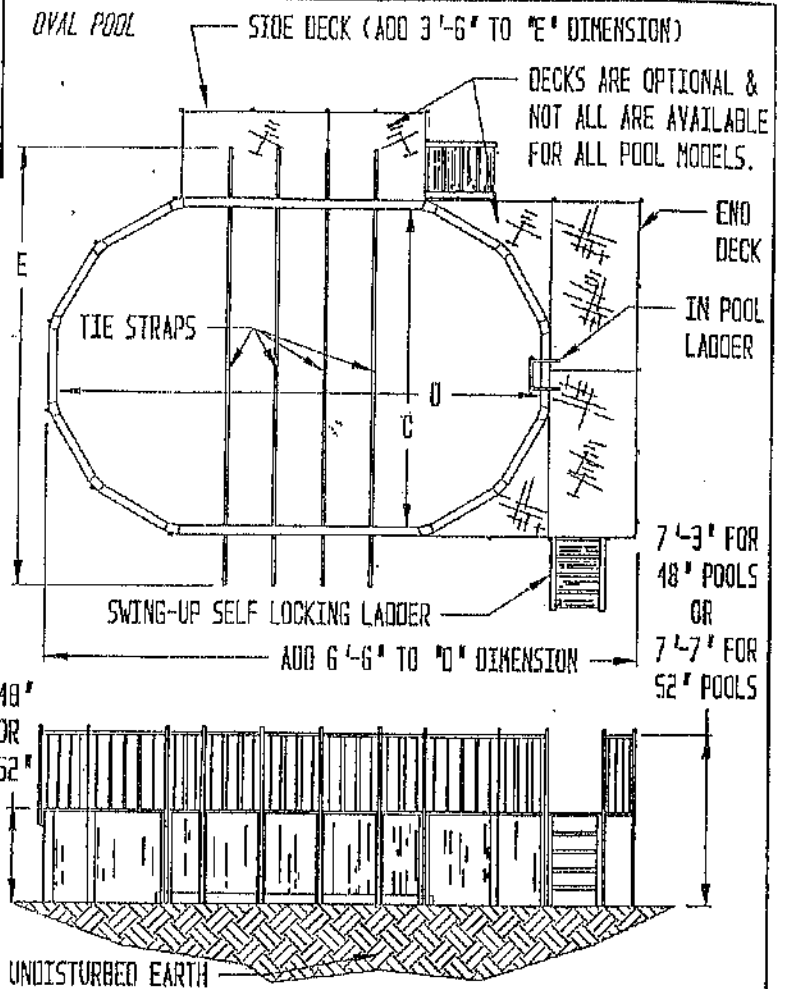
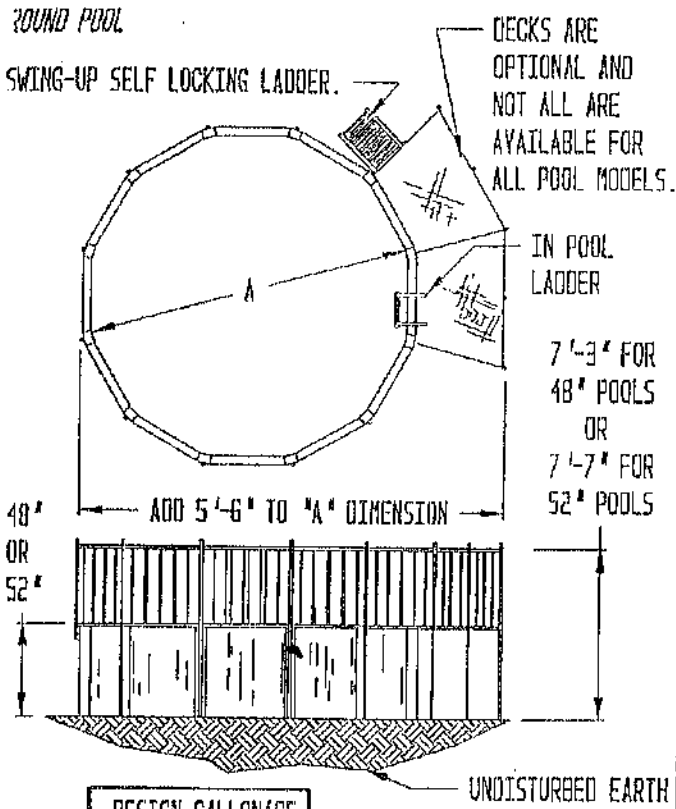
| OVAL SIZES | 48" GAL. | 52" GAL. | C | D | E |
|----------------|----------|----------|--------|--------|--------|
| 15'x24' | 9,350 | 10,100 | 15'-0" | 24'-0" | 21'-0" |
| 15'x30' | 12,050 | 13,050 | 15'-0" | 30'-0" | 21'-0" |
| 16'x33' | 15,700 | 17,000 | 18'-0" | 33'-0" | 24'-0" |
| 15'x24' HOPPER | 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

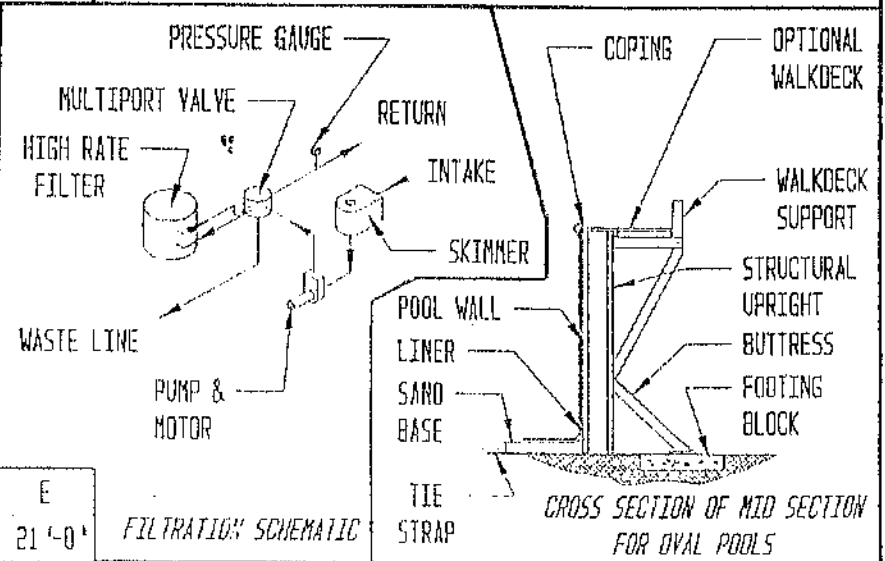
NOTE:
 THIS IS A NON-DIVING POOL AS DEFINED IN THE CURRENT
 "NATIONAL SPA AND POOL INSTITUTE" STANDARD FOR ABOVE GROUND
 SWIMMING POOLS. (NSPI-4).



| 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" |
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| 24' HOP. | 15,150 | 16,300 | 24'-0" |
| 27' | 17,150 | 18,550 | 27'-0" |
| 27' HOP. | 19,300 | 20,700 | 27'-0" |

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 SIZES ARE
 AVAILABLE ON
 ALL MODELS.

| OVAL SIZES | 48" GAL. | 52" GAL. | C | D | E |
|----------------|----------|----------|--------|--------|--------|
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| 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" |



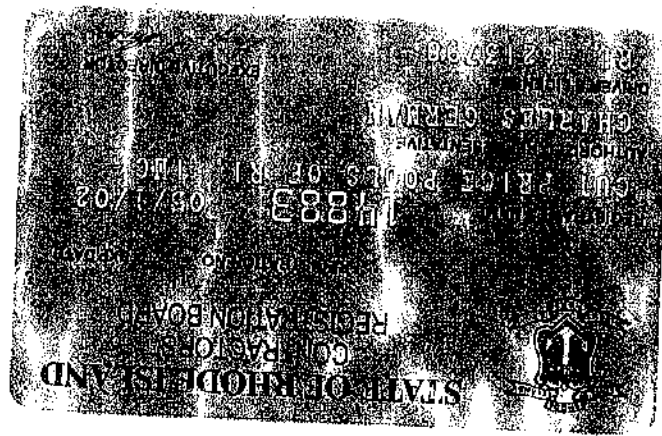
Seal

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



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) | | |
| 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. <input checked="" type="checkbox"/> 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 <u>A</u> 3. 2A _____ 7. 3B _____ 4. 2B _____ 8. 4 _____ |
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| 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 \$ <u>500</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>500</u> .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 _____ | O. FEES 1. MUNICIPAL BUILDING PERMIT FEE = \$ <u>25</u> .00 2. CE & ADA FEE: _____ + _____ x .001 \$ <u>1</u> .00 (I) ITEM #1 + ITEM #5 x .001 \$ _____ TOTAL PERMIT FEE \$ <u>26</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) _____ |

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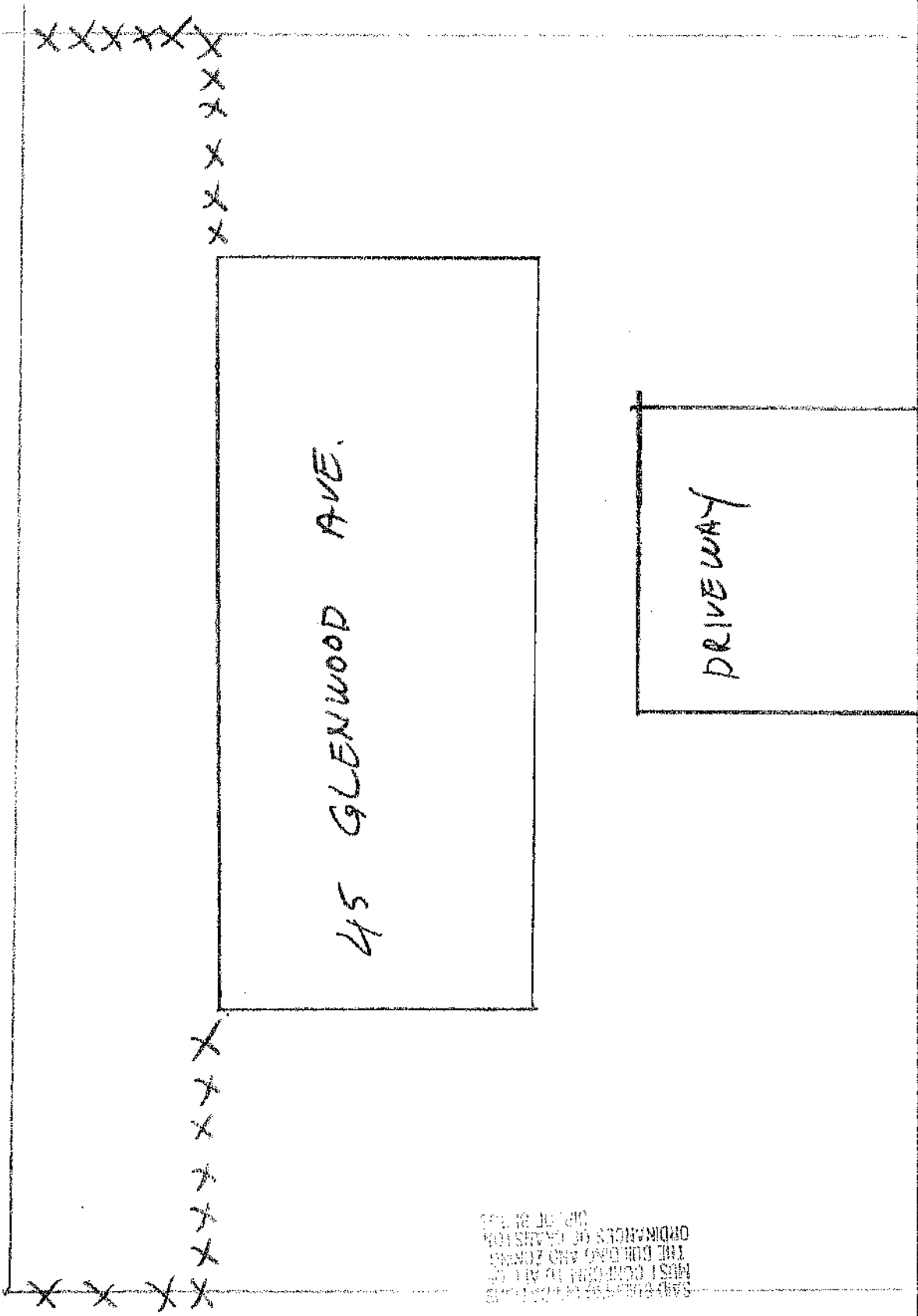
* IN-STATE CONTRACTOR = 0
 * OUT-OF-STATE CONTRACTOR = 1

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



45 GLENWOOD AVE.

DRIVEWAY

OFFICE OF INSPECTION OF BLDG.
CITY HALL, CHICAGO, ILL.
MAY 22 01

SAP PLANNING DEPARTMENT
MUST CONFORM TO ALL THE
THE ORDINANCES AND ZONING
ORDINANCES OF CHICAGO
CIP. OF 21 103

OFFICE OF THE COUNTY CLERK

1992 01

State of California
County of Santa Clara
Office of the County Clerk
San Jose, California

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

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: *Jay D. Oasi*

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. 1
 2. No. of Stories _____
 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 110 Lake View Rd. Cranston TEL. NO. 942-3309
 9. MASTER PLUMBER Richard Salley ADDRESS 153 GAZZA Rd. Gloster RI TEL. NO. 568-1792
 ADDRESS 02814 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: Tie in existing line to house (new)
 15. ESTIMATED COST: \$ 500

| | | |
|------------------------------------------------------------|--|-------------------|
| MUNICIPAL PLUMBING PERMIT FEE: | | = \$ <u>25.00</u> |
| CE/ADA FEE: _____ x .001 | | = \$ _____ |
| ESTIMATED COST x .001 | | = \$ <u>1.00</u> |
| (1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$50.00) | | = \$ _____ |
| TOTAL PERMIT FEE | | = \$ <u>26.00</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 F 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

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. 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. 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
 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
 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. 1 TOTAL SINGLE FAMILY UNITS
 2. 3 TOTAL NO. OF BEDROOMS
 TOTAL NO. OF BATHROOMS 3 Full 1 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. _____ 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 25 ft. 0 in.
 2. REAR 24 ft. 0 in.
 3. LEFT SIDE 25 ft. 0 in.
 4. RIGHT SIDE 13 ft. 0 in.

H. DIMENSIONS
 1. No. of Stories 1 2. Basement: Yes No _____
 3. Height of Construction Ft. 18' MAX. WIDTH 42' MAX. DEPTH 26'
 4. Total Floor Area Sq. Ft. w/o Basement 1092

J. FLOOD HAZARD AREA - 1. YES 2. NO
 1. Elev. (MSL) of lowest floor incl. basement 2
 2. Elev. (MSL) of 100 year flood 2

K. TYPES OF SEWAGE DISPOSAL
 1. PUBLIC 2. _____ PRIVATE SYSTEM*
 3. ISDS NO. _____ DATE _____

L. NUMBER OF OFF-STREET PARKING SPACES
 1. ENCLOSED 0
 2. OUTDOORS 4

M. TYPE OF WATER SUPPLY
 1. PUBLIC
 2. _____ PRIVATE
 3. _____ INDIVIDUAL WELL

N. EQUIPMENT*
 1. INCINERATOR _____
 2. ELEVATOR _____ (Enter Number)

I. ESTIMATED COST MATERIAL AND LABOR
 1. GENERAL TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST \$ 56000.00
 2. ELECTRICAL \$ _____ .00
 3. PLUMBING OR PIPING \$ _____ .00
 4. HEATING, AIR COND. \$ _____ .00
 5. OTHER, ELEVATOR, ETC. \$ _____ .00
 TOTAL COST \$ 56000.00

O. FEES
 1. MUNICIPAL BUILDING PERMIT FEE Rador 10.92
 2. CE & ADA FEE: \$ _____ .00
 + x .001 \$ 50.00
 (1) ITEM #1 + ITEM #5 x .001 \$ 676.92
 TOTAL PERMIT FEE \$ 676.92
 (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
 * 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) ←

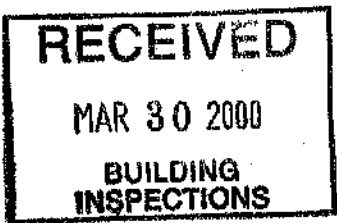
TAXES PAID UP TO DATE? YES NO _____

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>1</u> | = \$ <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 # 1054/8000

BUILDING PERMIT # 00-1060

X PAYEES NAME: DAVID CLOXTON

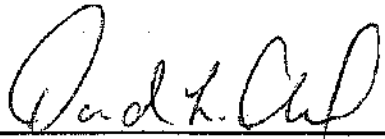
X ADDRESS: 110 LAKE VIEW ROAD

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' 20' 20' 20'~~

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? ~~HA~~

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

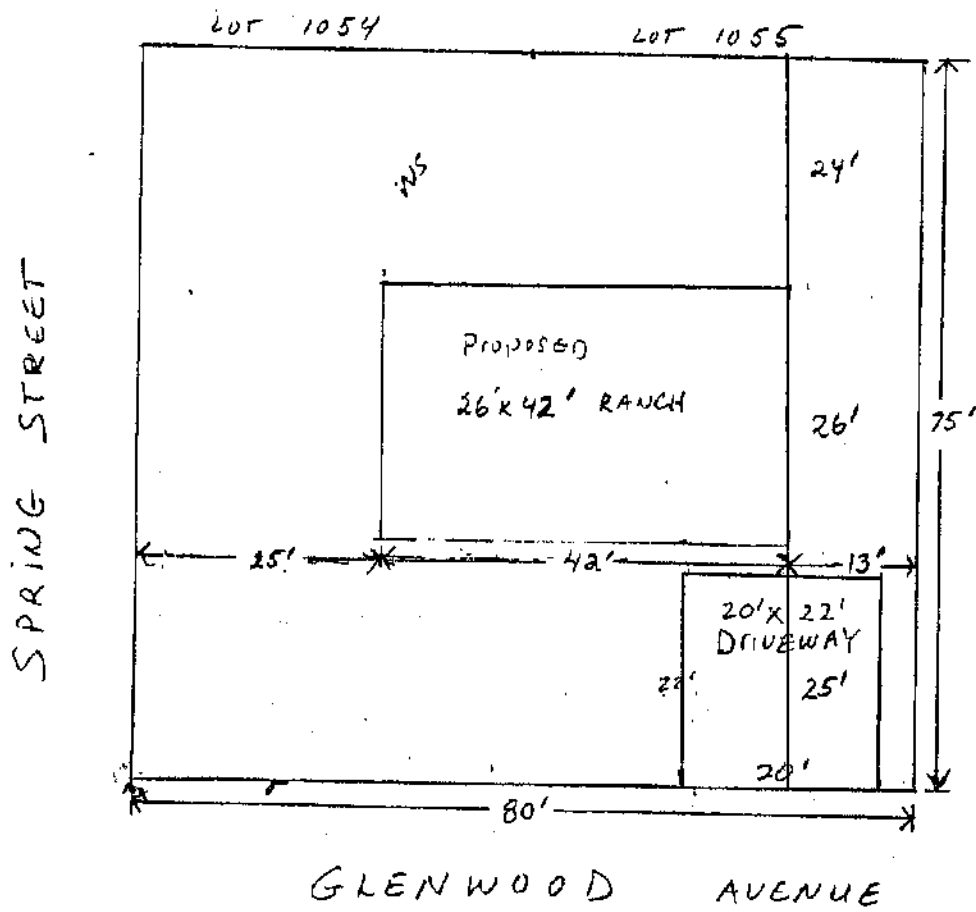
✓ INSPECTION CARD:

✓ 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 DelSesto
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.

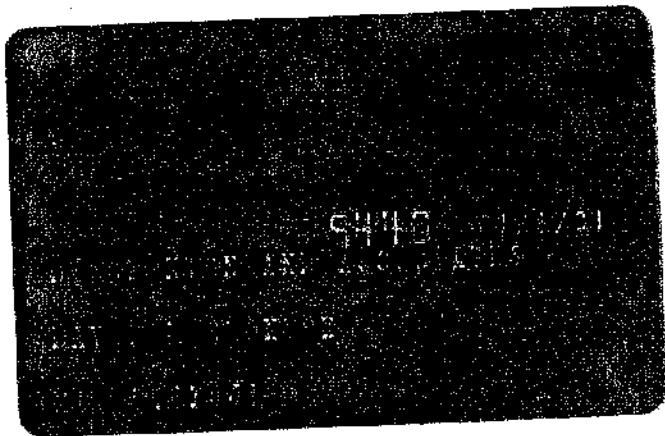
THIS APPLICATION WAS **APPROVED** DATE 6/14/00

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
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 expira-
tion 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
By Gay H. Beece
Resident Agent

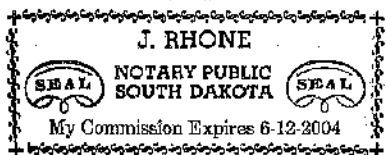
Principal
WESTERN SURETY COMPANY
By Stephen T. Latt
President

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.

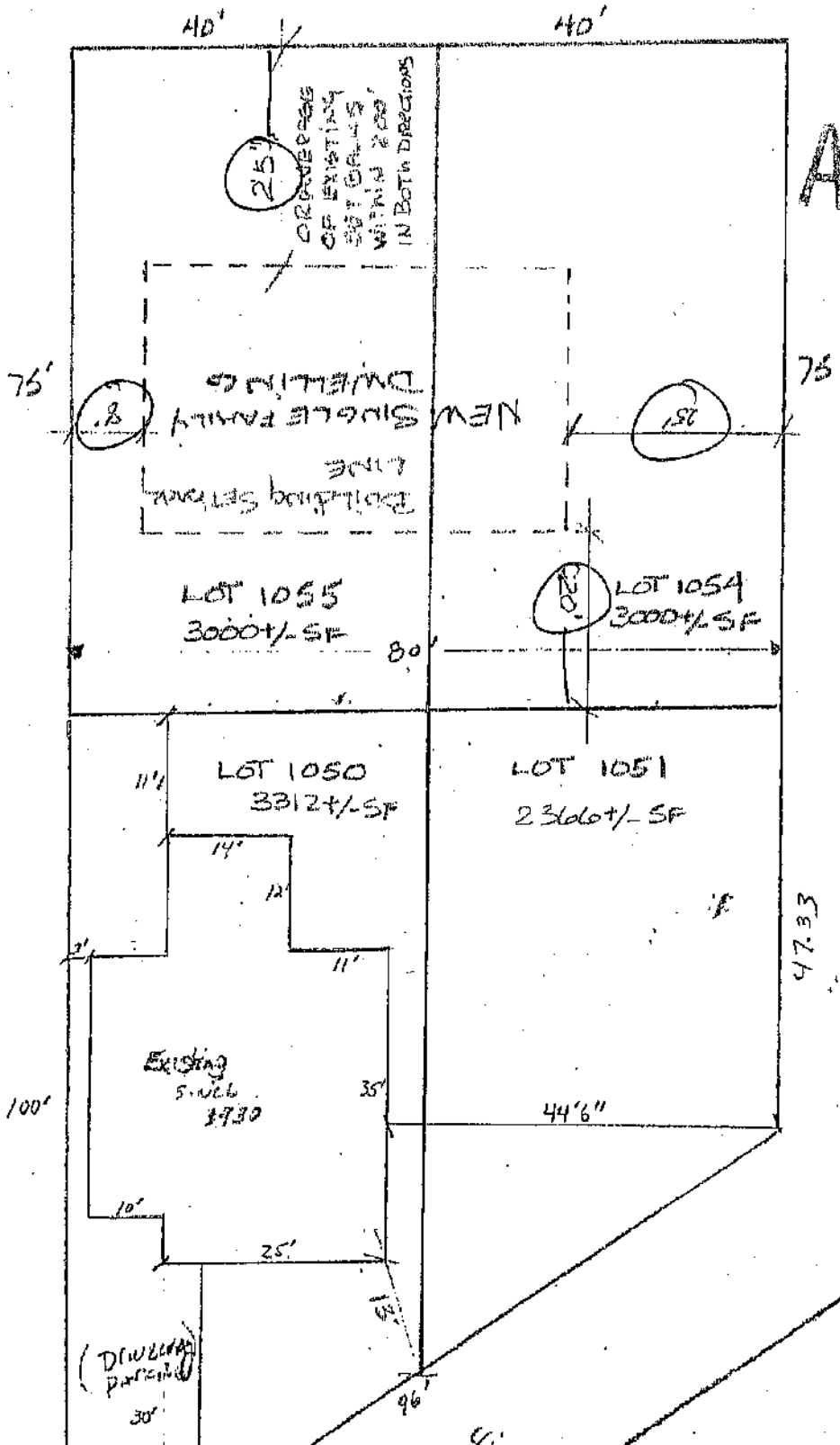
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



Notary Public, South Dakota

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

GLENWOOD AVE



2 BR
APPROVED
6/14/00

SPRING ST.

47.33

M/C

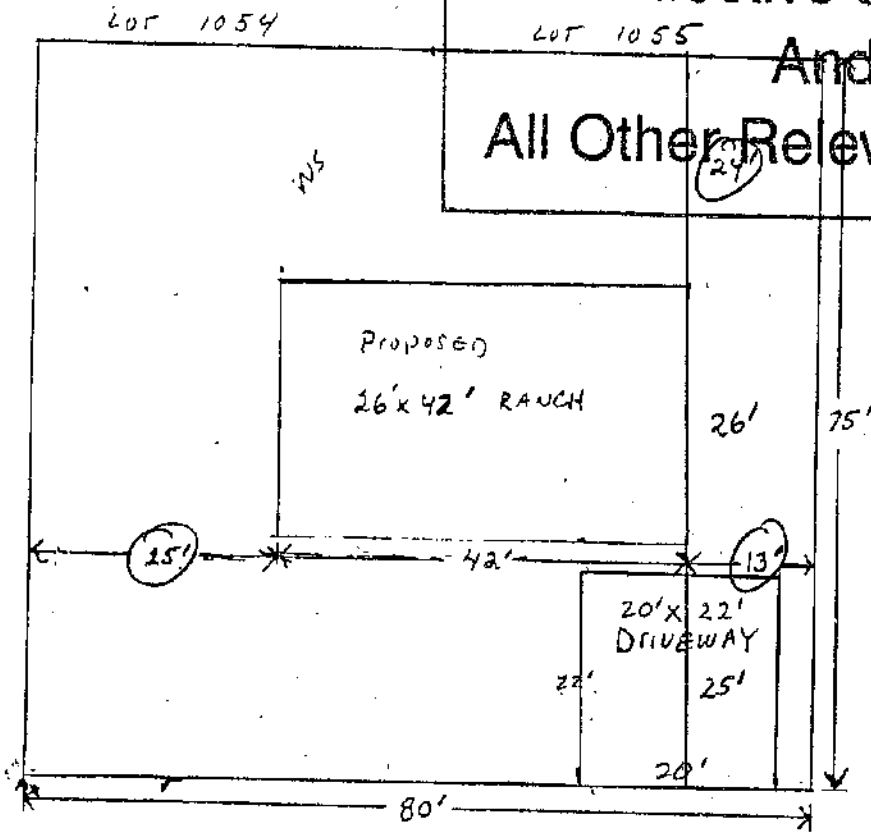
ACTUAL

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'

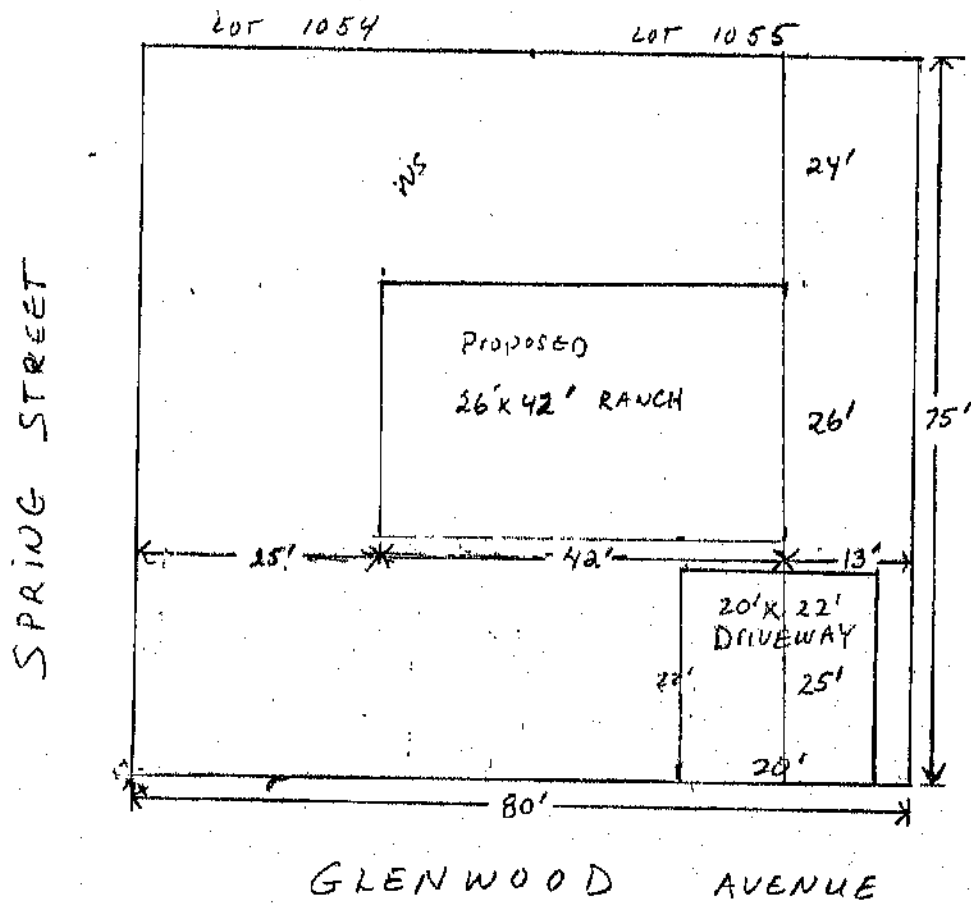
D. CLOXTON + ASSOCIATES

942-3309

SCALE 1" = 20'

D. CLOXTON

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 11-5 2014-2