

TOWN OF SMITHFIELD

**REQUEST FOR RECORDS UNDER THE
ACCESS TO PUBLIC RECORDS ACT**

Date 07/22/2024 Request Number _____

Name (optional) Peter Watson

Address (optional) 2605 Maitland Center Parkway, Suite C

Maitland, FL 32751

Telephone (optional) 302-261-9069 E-Mail (optional) MLS@stellaripl.com

Note: Contact information is optional but would be helpful in providing a cost estimate and contacting you when documents are ready or if additional information is needed.

Requested Records: Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record in any city, town, village, or port authority.

Address: 110 STILLWATER RD, SMITHFIELD, RI 02917

Account# 04-2645-00 // Owner: DRAGON RITA B

If these records are not readily available at the time of your request, please advise whether you desire to:

_____ inspect the records.

-or-

_____ pick up copies of the records.

-or-

_____ have copies of the records mailed to: _____

-or-

YES have copies of the records sent by facsimile or e-mailed to: MLS@stellaripl.com

If, after review of your request, the Town determines that the requested records are exempt from disclosure under the Access to Public Records Act, the Town reserves the right to claim such exemption.

OFFICE USE ONLY

(date stamp)

Request Taken By: _____

Records Provided

(date): _____

Costs: See the Procedures for the fee schedule.

Search & Retrieval	\$	Copies	\$	Total	\$
-----------------------	----	--------	----	-------	----

**Smithfield Town Clerk
64 Farnum Pike
Smithfield, RI 02917
(401) 233-1000**

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

BUILDING PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 06/27/1984 NUMERICAL CODE 31 PERMIT NO. 1324A
 APPLICATION DATE 06/25/1984 CENSUS TRACT _____ FEE REC. \$ 33.00 FEE BY _____

1. STREET LOCATION 110 STILLWATER RD 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 22/008 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER DRAGON RITA B, 110 STILLWATER RD, ESMOND RI 02917 TEL. NO. _____
 10. CONTRACTOR NAUTILUS POOLS, INC., 25 N. Union Street IN-STATE? Yes No TEL. NO. 401-722-4181
 11. CONTRACTOR ADDRESS Pawtucket, RI 12. REG #: _____ 13. EXP: 11
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC #: _____ 17. EXP: 11
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED
A/G pool with deck, fence, and locking gate. NO ELECTRICAL PERMIT IN PACKAGE.

22. USE OF EACH FLOOR
 Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION:

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. <input checked="" type="checkbox"/> NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. <input checked="" type="checkbox"/> TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B <input checked="" type="checkbox"/>

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL Complete for new buildings and reconstructions
1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 One and Two Family Attached 4. _____ R-4 ASSISTED LIVING 9-16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. <input checked="" type="checkbox"/> SWIMMING POOL 9. _____ One and Two Family Detached 10. _____ FIREPLACE 11. _____ OTHER SPECIFY _____	1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY(mod haz) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY(low haz) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. _____ OTHER 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 12. _____ H-5 HIGH HAZARD - HPM 22. _____ MIXED USE	SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 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	H. DIMENSIONS	I. ESTIMATED COST MATERIAL AND LABOR
1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____	1. No. of Stories _____ 2. Basement: Yes _____ No <input checked="" type="checkbox"/> 3. Height of Construction Ft. _____ WIDTH <u>4'</u> DEPTH <u>24'</u> 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ _____ 1800 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ 0 3. PLUMBING AND PIPING \$ _____ 0 4. HEATING, AIR COND. \$ _____ 0 5. FIRE SUPPRESSION \$ _____ 0 6. OTHER, ELEVATOR, ETC. \$ _____ 0 TOTAL COST \$ _____ 1800

J. FLOOD HAZARD AREA-1. YES <input checked="" type="radio"/> NO <input type="radio"/>	K. TYPES OF SEWAGE DISPOSAL	O. FEES
1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS NO. _____ DATE <u>11</u>	RADON FEE \$ _____ 0.00 MUNICIPAL BUILDING PERMIT FEE \$ _____ 33.00 CE/ADA FEE \$ _____ 0.00 TOTAL PERMIT FEE \$ _____ 33.00 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE _____

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

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

APPLICANT'S SIGNATURE _____ DATE _____ TEL. NO. _____

C12950

PLEASE PRINT OR TYPE

MUNICIPALITY SMITHFIELD ISSUED 04/24/2003 NUMERICAL CODE 31 PERMIT NO. 03-143
 APPLICATION DATE 04/24/2003 CENSUS TRACT _____ FEE REC. \$ 97.80 FEE BY _____

1. STREET LOCATION 110 STILLWATER RD 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 22/008 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER DRAGON RITA B, 110 STILLWATER RD, ESMOND RI 02917 TEL. NO. _____
 10. CONTRACTOR HAWAIIAN BLUE POOL, 560 Sixty Sixth Road IN-STATE? Yes No TEL. NO. _____
 11. CONTRACTOR ADDRESS Hannibal, NY 12. REG #: 17007 13. EXP: 03/01/2000
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC #: _____ 17. EXP: / /
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED
A/G pool.

22. USE OF EACH FLOOR
 Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION: _____

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. <input checked="" type="checkbox"/> NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC 1. _____ STATE 2. _____ CITY OR TOWN 3. _____ OTHER, SPECIFY: _____ PRIVATE 4. <input checked="" type="checkbox"/> TAXABLE 5. _____ TAX EXEMPT	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B <input checked="" type="checkbox"/>

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL Complete for new buildings and reconstructions
1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 One and Two Family Attached 4. _____ R-4 ASSISTED LIVING 9-16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. <input checked="" type="checkbox"/> SWIMMING POOL 9. _____ One and Two Family Detached 10. _____ FIREPLACE 11. _____ OTHER SPECIFY _____	1. _____ A-1 THEATRES 2. _____ A-2 RESTAURANT/ NIGHT CLUB 3. _____ A-3 ASSEMBLY 4. _____ A-4 ARENAS 5. _____ B BUSINESS 6. _____ F-1 FACTORY(mod haz) 7. _____ F-2 FACTORY(low haz) 8. _____ H-1 HIGH HAZARD DETONATION 9. _____ H-2 HIGH HAZARD DEFLAGRATION 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 12. _____ H-5 HIGH HAZARD - HPM 13. _____ I-1 INSTITUTIONAL SUPERVISED 14. _____ I-2 INSTITUTIONAL INCAPACITATED 15. _____ I-3 INSTITUTIONAL RESTRAINED 16. _____ I-4 INSTITUTIONAL DAYCARE 17. _____ M MERCANTILE 18. _____ S-1 STORAGE MOD HAZARD 19. _____ S-2 STORAGE LOW HAZARD 20. _____ U UTILITY MISCELLANEOUS 21. _____ OTHER SPECIFY _____ 22. _____ MIXED USE	SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 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	H. DIMENSIONS	I. ESTIMATED COST MATERIAL AND LABOR
1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____	1. No. of Stories _____ 2. Basement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ <u>7800</u> TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ <u>0</u> 3. PLUMBING AND PIPING \$ <u>0</u> 4. HEATING, AIR COND. \$ <u>0</u> 5. FIRE SUPPRESSION \$ <u>0</u> 6. OTHER, ELEVATOR, ETC. \$ <u>0</u> TOTAL COST \$ <u>7800</u>

J. FLOOD HAZARD AREA-1. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	K. TYPES OF SEWAGE DISPOSAL	O. FEES
1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS NO. _____ DATE <u> / /</u>	RADON FEE \$ <u>0.00</u> MUNICIPAL BUILDING PERMIT FEE \$ <u>90.00</u> CE/ADA FEE \$ <u>7.80</u> TOTAL PERMIT FEE \$ <u>97.80</u> 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE
L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT
1. ENCLOSED _____ 2. OUTDOORS _____	1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	State Approval Required 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number) _____

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

APPLICANT'S SIGNATURE _____ DATE _____ TEL. NO. _____

ALFRED DECORTE C12957

PLEASE PRINT OR TYPE
 MUNICIPALITY SMITHFIELD ISSUED 05/07/1990 NUMERICAL CODE 31 PERMIT NO. 90-1361
 APPLICATION DATE 05/07/1990 CENSUS TRACT _____ FEE REC. \$ 35.00 FEE BY _____

1. STREET LOCATION 110 STILLWATER RD 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 22/008 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER DRAGON RITA B, 110 STILLWATER RD, ESMOND RI 02917 TEL. NO. _____
 10. CONTRACTOR DRAGON CONSTRUCTION, 9 Friendship Lane IN-STATE? Yes No TEL. NO. 401-231-1814
 11. CONTRACTOR ADDRESS _____ 12. REG #: _____ 13. EXP: 11
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC #: _____ 17. EXP: 11
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED
Re-roof.

22. USE OF EACH FLOOR
 Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION: _____

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. <input checked="" type="checkbox"/> MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC PRIVATE 1. _____ STATE 4. <input checked="" type="checkbox"/> TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY: _____	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B <input checked="" type="checkbox"/>

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL Complete for new buildings and reconstructions
1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 One and Two Family Attached 4. _____ R-4 ASSISTED LIVING 9-16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. _____ SWIMMING POOL 9. _____ One and Two Family Detached 10. _____ FIREPLACE 11. <input checked="" type="checkbox"/> OTHER SPECIFY _____	1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY(mod haz) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY(low haz) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. _____ OTHER _____ 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 12. _____ H-5 HIGH HAZARD - HPM 22. _____ MIXED USE	SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 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	H. DIMENSIONS	I. ESTIMATED COST MATERIAL AND LABOR
1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____	1. No. of Stories _____ 2. Basement: Yes _____ No <input checked="" type="checkbox"/> 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ _____ 3000 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ 0 3. PLUMBING AND PIPING \$ _____ 0 4. HEATING, AIR COND. \$ _____ 0 5. FIRE SUPPRESSION \$ _____ 0 6. OTHER, ELEVATOR, ETC. \$ _____ 0 TOTAL COST \$ _____ 3000

J. FLOOD HAZARD AREA-1. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	K. TYPES OF SEWAGE DISPOSAL	O. FEES
1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS NO. _____ DATE <u>11</u>	RADON FEE \$ _____ 0.00 MUNICIPAL BUILDING PERMIT FEE \$ _____ 35.00 CE/ADA FEE \$ _____ 0.00 TOTAL PERMIT FEE \$ _____ 35.00 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE _____
L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT
1. ENCLOSED _____ 2. OUTDOORS _____	1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	State Approval Required 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number)

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

APPLICANT'S SIGNATURE _____ DATE _____ TEL. NO. _____



Town of Smithfield

Building & Zoning Department

64 Farnum Pike

Smithfield, RI 02917

Telephone: (401) 233-1091 Fax: (401) 233-1091

September 25, 2019

Rita B. Dragon
Susan Packer
110 Stillwater Road
Smithfield, RI 02917

Re: 110 Stillwater Road – Television placed at curbside

This office has received notice of a complaint filed with the Town of Smithfield regarding a television being placed by the curbside at the above referenced address.

Please remove the television within seven (7) days of receipt of this letter or the Town will remove the television for you and lien the property \$50.00.

If you have any questions, please contact this office immediately upon receipt of this notice.

Sincerely,

Christopher Gentile
Deputy Zoning Official



Town of Smithfield

Building & Zoning Department

64 Farnum Pike

Smithfield, RI 02917

Telephone: (401) 233-1091 Fax: (401) 233-1091

September 16, 2019

Rita B. Dragon
Susan Packer
110 Stillwater Road
Smithfield, RI 02917

Re: 110 Stillwater Road – Items placed at curbside

This office has received notice of a complaint filed with the Town of Smithfield regarding items being placed by the curbside at the above referenced address.

The Town does not accept televisions through curbside collection. Televisions can be brought to Rhode Island Resource Recovery during their normal business hours for no cost. Another option is to bring the television to one of the Town's electronics drop-off events. The next event is on Saturday, November 2, 2019 from 9:00 a.m.-12:00 p.m. at the Smithfield Department of Public Works, 3 Spragueville Rd. The recyclers at the town event will remove the television from the vehicle. You may also contact a junk removal company or the electronics recyclers, Indie Cycle, 484-8838 (voicemail only) that will pick-up the items for a fee.

I spoke with you on September 6, 2019. Since that visit additional items have been placed at the curbside. Please remove all items that have been placed at the curbside to include the television, grill and lawn furniture immediately.

If you have any questions, please contact this office immediately upon receipt of this notice.

Sincerely,

Christopher Gentile
Deputy Zoning Official

Sent via regular U.S. Mail and Certified Mail, Return Receipt Requested # 7017 1450 0002 3790 1931

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

BUILDING PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 05/08/1997 NUMERICAL CODE 31 PERMIT NO. 97-104
 APPLICATION DATE 05/08/1997 CENSUS TRACT _____ FEE REC. \$ 16.00 FEE BY _____

1. STREET LOCATION 110 STILLWATER RD 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 22/008 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER DRAGON RITA B, 110 STILLWATER RD, ESMOND RI 02917 TEL. NO. _____
 10. CONTRACTOR TOM DRAGON, 7 Friendship Lane IN-STATE? Yes No TEL. NO. 401-231-1814
 11. CONTRACTOR ADDRESS _____ 12. REG #: _____ 13. EXP: 11
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC #: _____ 17. EXP: 11
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED
Replacement windows.

22. USE OF EACH FLOOR
 Bsmt. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

CODE EDITION:

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. PRINCIPAL TYPE OF CONSTRUCTION
1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. <input checked="" type="checkbox"/> MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	PUBLIC 1. _____ STATE 2. _____ CITY OR TOWN 3. _____ OTHER, SPECIFY: _____ PRIVATE 4. <input checked="" type="checkbox"/> TAXABLE 5. _____ TAX EXEMPT	(CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B <input checked="" type="checkbox"/>

D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDENTIAL	F. RESIDENTIAL Complete for new buildings and reconstructions
1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 One and Two Family Attached 4. _____ R-4 ASSISTED LIVING 9-16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. _____ SWIMMING POOL 9. _____ One and Two Family Detached 10. _____ FIREPLACE 11. <input checked="" type="checkbox"/> OTHER SPECIFY _____	1. _____ A-1 THEATRES 2. _____ A-2 RESTAURANT/ NIGHT CLUB 3. _____ A-3 ASSEMBLY 4. _____ A-4 ARENAS 5. _____ B BUSINESS 6. _____ F-1 FACTORY(mod haz) 7. _____ F-2 FACTORY(low haz) 8. _____ H-1 HIGH HAZARD DETONATION 9. _____ H-2 HIGH HAZARD DEFLAGRATION 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 12. _____ H-5 HIGH HAZARD - HPM 13. _____ I-1 INSTITUTIONAL SUPERVISED 14. _____ I-2 INSTITUTIONAL INCAPACITATED 15. _____ I-3 INSTITUTIONAL RESTRAINED 16. _____ I-4 INSTITUTIONAL DAYCARE 17. _____ M MERCANTILE 18. _____ S-1 STORAGE MOD HAZARD 19. _____ S-2 STORAGE LOW HAZARD 20. _____ U UTILITY MISCELLANEOUS 21. _____ OTHER SPECIFY _____ 22. _____ MIXED USE	SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL # OF BATHS 3. _____ FULL 4. _____ HALF MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL # OF BATHS 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	H. DIMENSIONS	I. ESTIMATED COST MATERIAL AND LABOR
1. FRONT _____ 2. REAR _____ 3. LEFT SIDE _____ 4. RIGHT SIDE _____	1. No. of Stories _____ 2. Basement: Yes _____ No <input checked="" type="checkbox"/> 3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	1. GENERAL COST \$ _____ 1000 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ 0 3. PLUMBING AND PIPING \$ _____ 0 4. HEATING, AIR COND. \$ _____ 0 5. FIRE SUPPRESSION \$ _____ 0 6. OTHER, ELEVATOR, ETC. \$ _____ 0 TOTAL COST \$ _____ 1000

J. FLOOD HAZARD AREA-1. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	K. TYPES OF SEWAGE DISPOSAL	O. FEES
1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	1. _____ PUBLIC 2. _____ PRIVATE SYSTEM 3. ISDS NO. _____ DATE <u>11</u>	RADON FEE \$ _____ 0.00 MUNICIPAL BUILDING PERMIT FEE \$ _____ 15.00 CE/ADA FEE \$ _____ 1.00 TOTAL PERMIT FEE \$ 16.00 1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE _____

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

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

APPLICANT'S SIGNATURE _____ DATE _____ TEL. NO. _____

C12949