

RECEIVED

FULFILLMENT DATE

8/23/2024

AUG 08 2024

TOWN OF SMITHFIELD

SMITHFIELD TOWN CLERK

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: 17 TUCKER RD, GREENVILLE, RI 02828

Account# 13-2015-49 // Owner: GEORGE MCNAMEE & STACY MCNAMEE

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.

Town of Smithfield
Department of Building & Zoning Official
64 Farnum Pike, Smithfield, RI 02917
Telephone: (401) 233-1039 – Fax (401) 233-1091

Complaint/Violation

Date: 6/14 Time: 9:05 Plat: 10 Lot: 61

Complaint: _____

Location of Complaint: 17 Tucker Road

Owner: _____

Address: _____ Phone: _____

Nature of Complaint:
throwing grass debris
or other clippings onto street
doesn't take in trash cans

Received by: Kal

Investigation: _____ Date: 6/14/05

Remarks:
NO GRASS ON THE STREET

Investigated by: Zel Cook

PLEASE PRINT OR TYPE

BUILDING PERMIT APPLICATION

OFFICE FILE (LOCATION)

MUNICIPALITY Smithfield NUMERICAL CODE 31 PERMIT NO. 93-251
 APPLICATION DATE 8/10/93 CENSUS TRACT 127 FEE RECEIVED: \$ 15,800 BY EDC
 1. STREET LOCATION 17 TUCKER ROAD 2. ZONING DISTRICT R-20
 3. PLAT/MAP 10 4. LOT/BLOCK 61 5. FILE/PARCEL _____ 6. AREA _____ 7. FIRE DISTRICT NO. (0 or 1) _____
 8. USE OF STRUCTURE: PREVIOUS Storage PROPOSED Storage
 9. OWNER ANNETTE I. SPARKS ADDRESS 31 ELMDALE RD TEL. NO. 938-6079
 10. CONTRACTOR (0 or 1*) OWNER TEL. NO. _____
 11. CONTRACTOR ADDRESS SAME AS ABOVE 12. RI BUILDERS REGISTRATION NO. _____
 13. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 14. RHODE ISLAND REG. NO. _____ 15. Stamped Prints (Circle one) Yes No 16. Certificate of Occupancy Required Yes No

17. DESCRIPTION OF WORK TO BE PERFORMED 8'x10' shed (Replacement) 18. USE OF EACH FLOOR
 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 _____
 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 shed

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 Replacement 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 \$ 800.00
 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 \$ _____ .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 = \$ 15,800.00
 2. CE & ADA FEE: 800 + _____ x .001 = \$.80.00
 (I) ITEM #1 + ITEM #5 x .001
TOTAL PERMIT FEE \$ 15,800.00
 (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 SYSTEM
 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
 TEL. NO. _____ APPLICANT'S SIGNATURE Annette I. Sparks

* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.
 DENNIS C. FINLAY
 TAX COLLECTOR-SMITHFIELD, R.I.

FOR _____
 34104-93

PLEASE PRINT—APPLICANT TO COMPLETE ALL ITEMS

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

BUILDING PERMIT APPLICATION

OFFICE FILE (LOCATION)

MUNICIPALITY SmFld NUMERICAL CODE 31 PERMIT NO. 89-1193
APPLICATION DATE 9/25/89 CENSUS TRACT 127 FEE RECEIVED: \$ _____ BY AFB

I. IMPORTANT: PLEASE PRINT — APPLICANT TO COMPLETE ALL ITEMS

1. STREET LOCATION 17 Tucker Road 2. ZONING DISTRICT R-20
 3. PLAT/MAP 10 4. LOT/BLOCK 601 5. FILE/PARCEL _____ 6. AREA _____ 7. FIRE DISTRICT NO. (0 or 1) _____
 8. USE OF STRUCTURE: PREVIOUS Porch PROPOSED Enclosed Porch
 9. OWNER Annette Sparks ADDRESS 81 Elmdale Road TEL. NO. 934-0079
 10. CONTRACTOR (0 or 1*) Carmine Ariosto ADDRESS _____ TEL. NO. 294-3929
 11. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 12. RHODE ISLAND REG. NO. _____ 13. Stamped Prints (Circle one) Yes No 14. Certificate of Occupancy Required Yes No
 15. DESCRIPTION OF WORK TO BE PERFORMED. Enclosing Porch 16. USE OF EACH FLOOR
 BSMT. _____
 1st _____
 2nd _____
 3rd _____
 Other _____

II. TYPE AND COST OF BUILDING — PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA

<p>A. TYPE OF IMPROVEMENT</p> <p>1. _____ NEW STRUCTURE 2. _____ ADDITION TO STRUCTURE 3. _____ INSTALLATION 4. <input checked="" type="checkbox"/> RECONSTRUCTION 5. _____ REPLACEMENT 6. _____ FOUNDATION ONLY</p>	<p>B. OWNERSHIP</p> <p>PUBLIC _____ PRIVATE _____</p> <p>1. _____ STATE 4. <input checked="" type="checkbox"/> TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER, SPECIFY _____</p>	<p>C. ESTIMATED COST MATERIAL AND LABOR</p> <p>1. STRUCTURAL \$ <u>3,500.</u> .00 <small>TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST</small> 2. ELECTRICAL \$ _____ .00 3. PLUMBING OR PIPING \$ _____ .00 4. HEATING, AIR COND. \$ _____ .00 5. OTHER, ELEVATOR, ETC. \$ _____ .00 TOTAL COST \$ _____ .00</p>	
<p>D. PROPOSED USE RESIDENTIAL</p> <p>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 _____</p>	<p>E. PROPOSED USE NON-RESIDENTIAL</p> <p>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</p>	<p>F. RESIDENTIAL <small>(COMPLETE FOR NEW BUILDINGS, AND RECONSTRUCTION)</small></p> <p>SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. <input checked="" type="checkbox"/> Full 4. _____ Half</p> <p>MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half</p> <p>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.</p>	
<p>G. FOUNDATION SETS BACK FROM PROPERTY LINES</p> <p>1. FRONT _____ ft., _____ in. 2. REAR _____ ft., _____ in. 3. LEFT SIDE _____ ft., _____ in. 4. RIGHT SIDE _____ ft., _____ in.</p>	<p>H. DIMENSIONS</p> <p>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 _____</p>	<p>I. PRINCIPAL TYPE OF CONSTRUCTION <small>(CONSTRUCTION CLASS (Check one))</small></p> <p>1. 1A _____ 5. 2C _____ 9. 5A _____ 2. 1B _____ 6. 3A _____ 10. 5B <input checked="" type="checkbox"/> 3. 2A _____ 7. 3B _____ 4. 2B _____ 8. 4 _____</p>	
<p>J. FLOOD HAZARD AREA - 1. YES 2. NO</p> <p>1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____</p>	<p>K. TYPES OF SEWAGE DISPOSAL</p> <p>1. _____ PUBLIC 2. _____ PRIVATE SYSTEM* 3. ISDS NO. _____ DATE _____</p>	<p>L. PRINCIPAL TYPE OF HEATING FUEL</p> <p>1. _____ GAS 2. _____ ELECTRICITY 3. <input checked="" type="checkbox"/> OIL 4. _____ COAL 5. _____ SOLAR 6. _____ OTHER</p>	
<p>M. NUMBER OF OFF-STREET PARKING SPACES</p> <p>1. ENCLOSED _____ 2. OUTDOORS _____</p>	<p>N. TYPE OF WATER SUPPLY</p> <p>1. <input checked="" type="checkbox"/> PUBLIC 2. _____ PRIVATE SYSTEM 3. _____ INDIVIDUAL, WELL</p>	<p>O. EQUIPMENT*</p> <p>1. INCINERATOR _____ 2. ELEVATOR _____ <small>(Enter Number)</small></p>	<p>P. TYPE OF MECHANICAL AND AIR CONDITIONING</p> <p>1. _____ Central-Electric 5. _____ Heat Pump 2. _____ Central-Gas 6. _____ Solar Hot Water 3. _____ Individual RM. A/C 7. _____ Solar Heat D 4. _____ Oil 8. _____ Other</p>

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 _____

*STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION. Patricia M. [Signature]
Annette Sparks
1889 -88

MECHANICAL PERMIT APPLICATION

MUNICIPALITY Smithfield APPLICATION DATE 9/27/89 PERMIT NO. 89-1193
 NUMERICAL CODE 31 CENSUS TRACT 127 FEE RECEIVED: \$ 25.00 BY Eel.

1. STREET LOCATION 17 TUCKER ROAD SMITHFIELD No. of Stories _____
2. PLAT 10 3. LOT: 61 4. FILE: _____ 5. MATERIAL OF STRUCTURE IS _____
6. USE OF STRUCTURE: PREVIOUS PORCH PROPOSED Install Electric Heat ENCLOSED PACH
7. RATING OF BOILER OR FURNACE _____ Drawings submitted: Yes _____ No _____
8. Check one: Construct Install Replace Reconstruct 10. Estimated Cost of Labor and Material: \$ 275.00
9. Floor location of equipment: Cellar 1st Flr. 2nd Flr. 3rd Flr. Other _____
11. CAPACITY OF STORAGE TANK _____ EXISTING _____ NEW _____
12. OWNER ANWETTE SPARKS ADDRESS 81 ELMWOOD ROAD TEL. NO. 949-0809 TEL. NO. 934-0079
13. CONTRACTOR CAPONE ELECTRIC ADDRESS 3 WEST SIDE DRIVE TEL. NO. 934-1994
14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. ~~934-1112~~
15. STAMPED PRINTS YES _____ NO _____ 16. ARCH. OR ENG. REG. NO. _____ 17. CONTRACTOR'S LIC. NO. A-3112
18. DESCRIPTION OF WORK TO BE PERFORMED INSTALL ELECTRIC HEAT, 2 6 FOOT LEADS, AND 3 PLUGS



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

Tel. No. _____ SIGNATURE OF APPLICANT _____

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED:
 DATE 9/27/89
 BY [Signature]
 MECHANICAL INSPECTOR

ELECTRICAL PERMIT APPLICATION

CA BC-5

MUNICIPALITY Smithfield NUMERICAL CODE 31 PERMIT NO. 2010
 APPLICATION DATE 2/22/89 CENSUS TRACT 127 FEE RECEIVED: \$ 25.00 BY AFB

1. STREET LOCATION 17 Tucker Road POLE NO. or UNDERGROUND NO. _____
2. P. AT 10 3. LOT 61 4. FILE _____ 5. FLOOR LOCATION _____
6. USE OF STRUCTURE: PREVIOUS Residential PROPOSED SAME
7. _____ Temporary _____ New Installation Change of Service _____ Starting Date 2-22-89
8. OWNER Ann Fontana Sports ADDRESS 17 Tucker Road TEL. NO. 934-0079
9. ELECTRICAL CONTRACTOR Basco Electric ADDRESS 86 Chaucer St. Prov TEL. NO. 946-3684
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-259
14. DESCRIPTION OF WORK TO BE PERFORMED Revamp Service From 60amp to 100 Amp.
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: \$ 600.-

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 Feb 22, 1989

BY [Signature]
 ELECTRICAL INSPECTOR AFB

*For the following reasons _____

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 _____



*Returned
 Check # 1849
 2-22-89*

OFFICE FILE (LOCATION)

2010-87

ELECTRICAL PERMIT APPLICATION

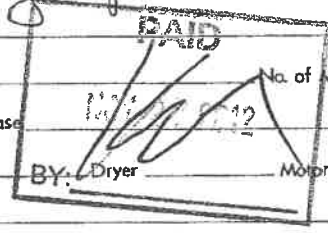
CA

MUNICIPALITY Smithfield NUMERICAL CODE 31 PERMIT NO. [Signature]
 APPLICATION DATE 11/27/12 CENSUS TRACT _____ FEE RECEIVED: \$ 40.18 BY [Signature]

1. STREET LOCATION 17 Tucker Rd. POLE NO. or UNDERGROUND NO. _____
 2. PLAT/MAP 10 3. LOT/BLOCK 61 4. FILE/PARCEL _____ 5. FLOOR LOCATION _____
 6. USE OF STRUCTURE: PREVIOUS Residential PROPOSED _____
 7. _____ Temporary _____ New Installation _____ Change of Service _____ Starting Date _____
 8. OWNER Sherry Morris ADDRESS 16 Tucker Rd. TEL NO. 231-8840
 9. ELECTRICAL CONTRACTOR ADT US ADDRESS 75 Byfield St, Warwick 02888 TEL NO. 215-1330
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____
 11. STAMPED PRINTS (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. ELECTRICIAN'S LIC NO. T3c 858
 14. DESCRIPTION OF WORK TO BE PERFORMED _____

Upgrade Security System

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 _____ Motors, H.P., Phase _____
 18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 180-



MUNICIPAL ELECTRICAL PERMIT FEE: _____ = \$ 40.10
 CE & ADA FEE: _____ x .001 = \$.18
 COST OF INSTALLATION x .001 _____ = \$ _____
 (1 & 2 FAMILY DWELLINGS LIMITED) TOTAL PERMIT FEE = \$ 40.18
 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 ordinance of the state and this jurisdiction.

ELECTRICAL CONTRACTOR'S SIGNATURE Kenneth A. Pusyha

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

Inspections **Date**

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

*For the following reasons _____

PERMIT GRANTED DATE 11/27/12
 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

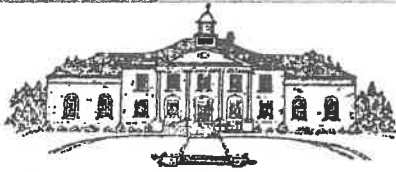
Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

TELECOMM CORPORATION DATA

LIC# 858 VIDEO TSC
ADT LLC TELEP TSC
KENNETH A PUSYKA SOUND TSC
75 BIFFIELD STREET
WARWICK RI 02888

Paul R. Chalmers
Administrator

04/30/2014
Expiration Date



NON-APPLICABLE

Town of Smithfield

Environmental Affairs/Town Engineer
64 Farnum Pike • Esmond, Rhode Island 02917
Phone: (401) 233-1041
Fax: (401) 232-7244

de Activity

APPLICATION FOR SOIL EROSION DETERMINATION

TO BE COMPLETED BY APPLICANT

DATE 3/17/06 PLAT 10 LOT 61
OWNER'S NAME: George McNamee PHONE 949-0838
CONTACT PERSON: George OR Stacy McNamee PHONE 949-0838-996 696
STREET ADDRESS OF PROPOSED CONSTRUCTION: 17 Tucker RD
OWNER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____
TOWN Greenville STATE RI ZIP 02828

CONTRACTOR-DEVELOPER-BUILDER

NAME _____ PHONE _____
ADDRESS _____
TOWN _____ STATE _____ ZIP _____

PAVED ROAD-----	YES	<input checked="" type="checkbox"/>	NO	_____
PUBLIC WATER AVAILABLE-----	YES	<input checked="" type="checkbox"/>	NO	_____
ARE YOU TIED IN-----	YES	<input checked="" type="checkbox"/>	NO	_____
PUBLIC SEWERS AVAILABLE-----	YES	<input checked="" type="checkbox"/>	NO	_____
ARE YOU TIED IN-----	YES	<input checked="" type="checkbox"/>	NO	_____

BRIEFLY DESCRIBE WHAT IS TO BE CONSTRUCTED -- INCLUDE: LOCATION OF WORK WITHIN PROPERTY; STRUCTURE DIMENSIONS; APPROXIMATE LIMITS OF LAND DISTURBANCE

Above ground pool

**SITE/GRADING PLANS ARE REQUIRED FOR ALL NEW HOUSES AND AT THE DISCRETION OF THE SOIL EROSION OFFICER.

SOIL EROSION DETERMINATION IS **NOT A BUILDING PERMIT**. A BUILDING PERMIT MUST BE OBTAINED IN THE BUILDING OFFICIAL'S OFFICE AFTER SOIL EROSION APPROVAL IS GRANTED.

ALL OF THE ABOVE MUST BE COMPLETED BEFORE THE TOWN ENGINEER'S OFFICE WILL MAKE A DETERMINATION FOR THE PROPOSAL.

George McNamee
SIGNATURE OF APPLICANT/OWNER

3/17/06
DATE



NON-APPLICABLE

Town of Smithfield

Environmental Affairs/Town Engineer
64 Farnum Pike • Esmond, Rhode Island 02917
Phone: (401) 233-1041
Fax: (401) 232-7244

Richard B. Geldard, P.E.
Environmental Affairs Officer
Town Engineer

Seth Lemoine, E.I.T.
Soil Erosion Officer
Assistant Town Engineer

APPLICATION DETERMINATION TO BE COMPLETED BY ENGINEER

IS WORK APPLICABLE UNDER THE SOIL EROSION ORDINANCE YES ___ NO X

IS A R.I.D.E.M. WETLANDS DETERMINATION REQUIRED YES ___ NO X

ARE ENGINEERING PLANS REQUIRED YES ___ NO X

ENGINEER'S COMMENTS: PROTECT DISTURBED AREA FROM SOIL EROSION
BOTH DURING & AFTER CONSTRUCTION.

APPROVAL CONDITIONS:

1. THIS DETERMINATION IS GOOD FOR ONE YEAR ONLY.
2. SHOULD AN R.I.D.E.M. WETLAND PERMIT BE REQUIRED, IT SHALL BE THE RESPONSIBILITY OF THE OWNER/APPLICANT.
3. ALL OPERATIONS MUST BE PERFORMED AS PRESENTED ON THE APPLICATION. ANY CHANGE OR ALTERATION MUST BE APPROVED BY THE TOWN ENGINEER.
4. NO EARTH SLOPES GREATER THAN 2:1 (TWO FEET HORIZONTAL TO ONE FOOT VERTICAL) SHALL BE CREATED.
5. ALL DISTURBED SURFACE AREAS SHALL BE PROMPTLY AND EFFECTIVELY PROTECTED TO PREVENT SOIL EROSION AND SEDIMENTATION BY USING STAKED HAYBALES, SILT FENCE OR OTHER APPROVED MEASURES.
6. BUILDING OFFICIAL'S SITE PLAN AND SOIL EROSION PLAN MUST AGREE REGARDING LOCATION OF STRUCTURES AND IMPROVEMENTS.
7. NONE OF THE WORK ALLOWED BY THIS APPROVAL SHALL BE DONE IN ANY MANNER SO AS TO CAUSE A PUBLIC NUISANCE.
8. APPROVAL OF THIS APPLICATION SHALL NOT RELIEVE THE OWNER/APPLICANT FROM ANY RESPONSIBILITY FOR DAMAGE TO PERSONS OR PROPERTY, NOR IMPOSE ANY LIABILITY UPON THE TOWN OF SMITHFIELD FOR DAMAGES TO PERSONS OR PROPERTY.
9. ALL WORK SHALL BE SUBJECT TO PERIODIC INSPECTIONS BY THE TOWN ENGINEER OR SOIL EROSION OFFICER.
10. A SOIL EROSION PERMIT IS NOT A BUILDING PERMIT. A BUILDING PERMIT MUST BE OBTAINED IN THE BUILDING OFFICIAL'S OFFICE AFTER SOIL EROSION APPROVAL HAS BEEN OBTAINED.

DATE: 3-21-06

APPROVED BY: S. Lemoine

March 6, 2006

Ms. Patricia McNamee
17 Tucker Road
Smithfield, RI 02917

RE: ACCESSORY-FAMILY DWELLING UNIT
17 TUCKER ROAD
PLAT 10 LOT 61

Dear Ms. McNamee:

On July 6, 2004, the Zoning Board of Review granted a Special Use Permit for an accessory-family dwelling unit to be occupied by you and your wife. The principal dwelling is occupied by your daughter.

The approval of the accessory-family dwelling was approved with the stipulations that a deed be recorded in the Land Evidence Records of the Town of Smithfield, which shall contain language indicating the property is a single-family residence which includes an in-law apartment. Another stipulation is that the owners of the property record annually an application for an in-law apartment in the office of Land Evidence Records and submit a copy to the Building/Zoning Office. To date, neither the deed nor the application has been recorded. A Certificate of Occupancy shall not be issued for the property until all stipulations of the Zoning Board of Review Resolution has been resolved.

Please contact me at the above telephone number to verify the above information. Also, I am requesting an inspection of the accessory-family dwelling to confirm the use as approved by the Zoning Board of Review by March 20, 2006.

Thank you in advance for your cooperation.

Respectfully,

Geri DeAngelis
Deputy Zoning Official

TOWN OF SMITHFIELD
ANNUAL ACCESSORY-FAMILY DWELLING UNIT
APPLICATION

DATE: 3/22/06

We hereby certify that the persons listed below reside at

17 Tucker R.D Greenville

in the Town of Smithfield, Plat 10 Lot 61 and we are in compliance with the Zoning Board of Review Resolution approving a Special Use Permit for an accessory-family dwelling unit dated _____

Owners of Principal Dwelling:

Print Name: Stacyann McNamee

Signature: [Signature]

Print Name: _____

Signature: _____

Residents of Accessory-Family Dwelling Unit:

Print Name: PATRICIA M. NAME

Signature: [Signature]

Print Name: [Signature]

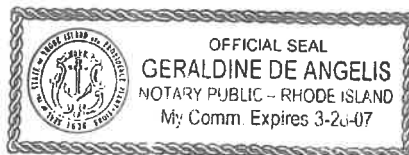
Signature: _____

Before me personally appeared the above-named owners who made oath that the contents of this instrument are truthful.

TOWN OF SMITHFIELD, R.I.
DIANNE L. ADY, TOWN CLERK

06 APR -3 PM 1: 12

[Signature]
Notary Public





Town of Smithfield

64 FARNUM PIKE
SMITHFIELD, RHODE ISLAND 02917

Geri DeAngelis
Deputy Zoning Official

Telephone (401) 233-1039
Fax (401) 233-1091

April 3, 2006

Ms. Stacyann McNamee
Ms Patricia McNamee
17 Tucker Road
Smithfield, RI 02917

RE: ACCESSORY-FAMILY DWELLING UNIT INSPECTION
17 TUCKER ROAD
PLAT 10 LOT 61

Dear Ms. Stacyann McNamee and Ms. Patricia McNamee:

On March 22, 2006, I inspected the above accessory-family dwelling for compliance to the April 28, 2004 Zoning Board of Review Resolution. Enclosed is a copy of an Annual Accessory-Family Dwelling Unit application signed by Ms. Stacyann McNamee and Ms. Patricia McNamee and states that Ms. Patricia McNamee resides in the accessory-family dwelling unit. As per our discussion, a deed must be recorded in the Land Evidence Records of the Town of Smithfield which shall contain language indicating the property is a single-family residence which includes an in-law apartment. As requested, I have also enclosed a copy of a deed that has been recorded for another property. Please make every effort to have your deed recorded by May 1, 2006 and provide a copy of the recorded deed to this office. A Certificate of Occupancy will not be issued until the deed is recorded.

Thank you for allowing me to enter your home and inspect the premises. It was a pleasure speaking with the two of you. Please contact me at the above telephone number if either of you have any questions regarding this matter.

Respectfully,

Geri DeAngelis
Deputy Zoning Official



Town of Smithfield

64 FARNUM PIKE
SMITHFIELD, RHODE ISLAND 02917

Geri DeAngelis
Deputy Zoning Official

Telephone (401) 233-1039
Fax (401) 233-1091

March 15, 2006

George and Stacyann McNamee
Ms. Patricia McNamee
17 Tucker Road
Smithfield, RI 02917

RE: ACCESSORY-FAMILY DWELLING UNIT
17 Tucker Road
PLAT 10 LOT 61

Dear Mr. George McNamee, Mrs. Stacyann McNamee and Ms. Patricia McNamee :

On July 6, 2004, the Zoning Board of Review granted a Special Use Permit for an accessory-family dwelling unit to be occupied by Ms. Patricia McNamee. The principal dwelling is occupied by George and Stacyann McNamee.

The approval of the accessory-family dwelling was approved with the stipulations that a deed be recorded in the Land Evidence Records of the Town of Smithfield, which shall contain language indicating the property is a single-family residence which includes an in-law apartment. Another stipulation is that the owners of the property record annually an application for an in-law apartment in the office of Land Evidence Records and submit a copy to the Building/Zoning Office.

Please contact me at the above telephone number to verify the above information. Also, I am requesting an inspection of the accessory-family dwelling unit to confirm the use as approved by the Zoning Board of Review by March 31, 2006.

A Certificate of Occupancy shall not be issued for the property until the above issues are resolved.

Respectfully,

Geri DeAngelis
Deputy Zoning Official

Office File

STATE OF RHODE ISLAND

ELECTRICAL PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 11/01/2004 NUMERICAL CODE 31 PERMIT NO. 04-568
 APPLICATION DATE 07/25/2004 CENSUS TRACT _____ FEE RECEIVED: \$ 51.00 BY _____

1. STREET LOCATION 17 TUCKER RD POLE NO. or UNDERGROUND NO. _____

2,3,4. PARCEL ID 10/061 5. FLOOR LOCATION _____

6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME

7. Temporary New Installation Change of Service Starting Date / / SRE # _____

8. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A.. TEL. NO. _____

9. ELECTRICAL CONTRACTOR JOE DAUTE, Rt. 44 Chepachet, RI TEL. NO. 401-478-4400

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

11. STAMPED PRINTS YES NO 12. RHODE ISLAND REG. NO. _____ 13. CONTRACTOR'S LIC. NO. A-003277

14. DESCRIPTION OF WORK TO BE PERFORMED _____

Wire garage, wire apartment upstairs, heat detector, sservice, and smoke detector.

15. Service entrance voltage _____ Amperage 100 Phase 1 No. of Meters 1

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

17. Estimated Load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, H.P., Phase _____

18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 1000.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$	<u>50.00</u>
CE & ADA FEE : <u>1000.00</u> x .001	= \$	<u>1.00</u>
ESTIMATED COST x .001	= \$	<u>51.00</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	TOTAL PERMIT FEE = \$	<u>51.00</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 application codes and ordinances of the municipality

ELECTRICAL CONTRACTOR'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ELECTRICAL WIRING PERMIT

PERMIT GRANTED:
 DATE _____
 BY _____
 ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

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

 ELECTRICAL INSPECTOR

Office File

Office File

STATE OF RHODE ISLAND

ELECTRICAL PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 11/27/2012 NUMERICAL CODE 31 PERMIT NO. 12
 APPLICATION DATE 11/27/2012 CENSUS TRACT _____ FEE RECEIVED: \$ 40.18 BY _____

1. STREET LOCATION 17 TUCKER RD POLE NO. or UNDERGROUND NO. _____

2.3.4. PARCEL ID 10/061 5. FLOOR LOCATION _____

6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME

7. Temporary New Installation Change of Service Starting Date / / SRE # _____

8. OWNER MCNAMEE GEORGE A ET ALS, MCNAMEE STACY ANN & PATRICIA I JT, 17... TEL. NO. _____

9. ELECTRICAL CONTRACTOR ADT LLC TEL. NO. 215-1330

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

11. STAMPED PRINTS YES NO 12. RHODE ISLAND REG. NO. _____ 13. CONTRACTOR'S LIC. NO. 858

14. DESCRIPTION OF WORK TO BE PERFORMED _____

Upgrade security system

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, H.P., Phase _____

18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 180.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$	<u>40.00</u>
CE & ADA FEE : <u>180.00</u> x .001	= \$	<u>0.18</u>
ESTIMATED COST x .001	= \$	<u>40.18</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	TOTAL PERMIT FEE = \$	<u>40.18</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 application codes and ordinances of the municipality

ELECTRICAL CONTRACTOR'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ELECTRICAL WIRING PERMIT

PERMIT GRANTED:
 DATE _____
 BY _____
 ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

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

 ELECTRICAL INSPECTOR

Office File

Office File

STATE OF RHODE ISLAND

ELECTRICAL PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 02/22/1989 NUMERICAL CODE 31 PERMIT NO. 2010
 APPLICATION DATE 02/22/1989 CENSUS TRACT _____ FEE RECEIVED: \$ 25.00 BY _____

1. STREET LOCATION 17 TUCKER RD POLE NO. or UNDERGROUND NO. _____

2.3.4. PARCEL ID 10/061 5. FLOOR LOCATION _____

6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME

7. Temporary New Installation Change of Service Starting Date 02/22/1989 SRE # _____

8. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A.. TEL. NO. _____

9. ELECTRICAL CONTRACTOR PASCO ELECTRIC, 86 Clarence Street Providence, RI TEL. NO. 401-946-3684

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

11. STAMPED PRINTS YES NO 12. RHODE ISLAND REG. NO. _____ 13. CONTRACTOR'S LIC. NO. A-259

14. DESCRIPTION OF WORK TO BE PERFORMED _____

Service revamp.

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: \$ 600.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$	<u>25.00</u>
CE & ADA FEE : <u>600.00</u> x .001	= \$	<u>0.00</u>
ESTIMATED COST x .001	= \$	<u>0.00</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	TOTAL PERMIT FEE = \$	<u>25.00</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 application codes and ordinances of the municipality

ELECTRICAL CONTRACTOR'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ELECTRICAL WIRING PERMIT

PERMIT GRANTED:
 DATE _____
 BY _____
 ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

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

 ELECTRICAL INSPECTOR

Office File

Office File

STATE OF RHODE ISLAND

MECHANICAL PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 11/01/2004 NUMERICAL CODE 31 PERMIT NO. 04-568
 APPLICATION DATE 07/25/2004 CENSUS TRACT _____ FEE REC. \$ 84.00 FEE BY _____

1. STREET LOCATION 17 TUCKER RD No. of stories _____
 2.3.4. PARCEL ID 10/061 5. MATERIAL OF STRUCTURE IS _____
 6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 7. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A TIC, 17... TEL. NO. _____
 8. CONTRACTOR AL DANTI & SON PLUMBING & HEATING, 17 DORR DRIVE CHEPACHET, RI 02814 TEL. NO. 401-568-3229
 9. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 10. STAMPED PRINTS YES _____ NO X 11. ARCH. OR ENG. REG. NO. _____ 12. CONTRACTOR'S LIC. NO. 1909
 13. RATING OF BOILER OR FURNACE 100,000 Drawings submitted Yes _____ No X
 14. Check one: _____ Construct X Install _____ Replace _____ Reconstruct _____ 15. Estimated Cost of Labor and Material: \$ 4000.00
 16. Floor location of equipment X Cellar _____ 1st Flr. _____ 2nd Flr. _____ 3rd Flr. _____ Other _____
 17. CAPACITY of STORAGE TANK _____ EXISTING _____ NEW 275 GAL
 18. DESCRIPTION OF WORK TO BE PERFORMED _____
Oil fired boiler w/ 275 gallon oil tank. One zone baseboard heating.

19. Estimated Cost of Labor and Materials: 4000.00

MUNICIPAL MECHANICAL PERMIT FEE:	= \$	<u>80.00</u>
CE & ADA FEE : <u>4000.00</u> x .001	= \$	<u>4.00</u>
ESTIMATED COST x .001	= \$	<u>4.00</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	TOTAL PERMIT FEE = \$	<u>84.00</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 application codes and ordinances of the municipality

Tel. No. _____ Signature of Applicant _____

Installation for: Incinerators w/ or w/o 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: R.I. DEPT OF HEALTH DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, RI 02903	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED: _____
 DATE _____
 BY _____
 MECHANICAL INSPECTOR

Office File

STATE OF RHODE ISLAND

MECHANICAL PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 09/27/1989 NUMERICAL CODE 31 PERMIT NO. 89-1193
 APPLICATION DATE 09/27/1989 CENSUS TRACT _____ FEE REC. \$ 25.00 FEE BY _____

1. STREET LOCATION 17 TUCKER RD No. of stories _____
 2.3.4. PARCEL ID 10/061 5. MATERIAL OF STRUCTURE IS _____
 6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 7. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A TIC, 17... TEL. NO. _____
 8. CONTRACTOR CAPONE ELECTRIC, 3 West Side Drive TEL. NO. 401-934-1994
 9 ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 10. STAMPED PRINTS YES _____ NO 11. ARCH.OR ENG. REG. NO. _____ 12. CONTRACTOR'S LIC. NO A-3112
 13. RATING OF BOILER OR FURNACE _____ Drawings submitted Yes _____ No
 14. Check one: _____ Construct Install _____ Replace _____ Reconstruct 15. Estimated Cost of Labor and Material: \$ 275.00
 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 _____
Install electric heat and add 3 plugs.
 19. Estimated Cost of Labor and Materials: 275.00

MUNICIPAL MECHANICAL PERMIT FEE:	= \$	<u>25.00</u>
CE & ADA FEE : <u>275.00</u> x .001	= \$	<u>0.00</u>
ESTIMATED COST x .001	= \$	<u>0.00</u>
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)	TOTAL PERMIT FEE = \$	<u>25.00</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 application codes and ordinances of the municipality

Tel. No. _____ Signature of Applicant _____

Installation for: Incinerators w/ or w/o 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: R.I. DEPT OF HEALTH DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, RI 02903	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907	This Application to Install or Renovate the above must also be reviewed by: R.I. DEPT OF LABOR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, RI 02907

DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT

PERMIT GRANTED: _____
 DATE _____
 BY _____
 MECHANICAL INSPECTOR

Office File

STATE OF RHODE ISLAND

PLUMBING PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 11/01/2004 NUMERICAL CODE 31 PERMIT NO. 04-568
 APPLICATION DATE 01/25/2004 CENSUS TRACT _____ FEE RECEIVED: \$ 61.80 BY _____

1. STREET LOCATION 17 TUCKER RD New or Old Bldg. _____
 3.4.5. PARCEL ID 10/061 2.No. of Stories _____
 6. PRIVATE SEWAGE: ISDS NO. _____ DATE ____ / ____ / ____
 7. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 8. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A.. TEL NO. _____
 9. MASTER PLUMBER AL DANTI PLUMBING & HEATING, 17 DORR DRIVE CHEPACHET, RI 02814 TEL NO. 401-568-3229
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____
 11. STAMPED PRINT (Circle one) YES **NO** 12. RHODE ISLAND REG. NO. _____ 13. MASTER PLUMBER LIC. NO. 1633
 14. DESCRIPTION OF WORK TO BE PERFORMED One full bath and kitchen sink.
 15. ESTIMATED COST: \$ 1800.00

MUNICIPAL PLUMBING PERMIT FEE: _____ = \$ 40.00
 CE/ ADA FEE: 1800.00 x .001 = \$ _____
 ESTIMATED COST x .001 = \$ 1.80
 (1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$ 50.00) TOTAL PERMIT FEE = \$ 61.80

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

	WATER CLOSET	SINKS	LAV. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP. PRESS VALVE	W/C 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																								
VENT TO ROOF																								

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections: Rough _____ PERMIT GRANTED: _____
 _____ DATE _____
 FINAL _____
 Disapproved* _____ BY _____
 _____ PLUMBING INSPECTOR

*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

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND
BUILDING PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 11/01/2004 NUMERICAL CODE 31 PERMIT NO. 04-568
APPLICATION DATE 07/25/2004 CENSUS TRACT FEE REC. \$ 662.60 FEE BY

1. STREET LOCATION 17 TUCKER RD 2. ZONING DISTRICT
3. PLAT/MAP 10 4. LOT/BLOCK 061 5. FILE/PARCEL 6. AREA 0.00 7. FIRE DISTRICT NO.
8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
9. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A TIC, 17 TUCKER ROAD,... TEL. NO.
10. CONTRACTOR (0 OR 1*) QUIGLEY & SONS, Rt. 94 TEL. NO. 401-568-6527
11. CONTRACTOR ADDRESS Chepachet, RI 12. RI CONTR. REG. # 4553 13. EXPIR. 06/01/2005
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
Garage with apartment over.
19. USE OF EACH FLOOR
Bsmt.
1st LIVING
2nd
3rd
Other

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

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

A. TYPE OF IMPROVEMENT
1. NEW STRUCTURE
2. X ADDITION TO STRUCTURE
3. INSTALLATION
4. RECONSTRUCTION
5. REPLACEMENT
6. FOUNDATION ONLY
B. OWNERSHIP
PUBLIC PRIVATE
1. STATE 4. X 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 X
3. 2A 7. 3B
4. 2B 8. 4

D. PROPOSED USE RESIDENTIAL
1. R-1 MOTEL, HOTEL
2. R-2 MULTI-FAMILY
3. X 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 THEATERS W/STAGE 13. I-2 INSTITUTIONAL INCAPACITATED
2. A-1-B THEATERS 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 # 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
1. FRONT
2. REAR
3. LEFT SIDE
4. RIGHT SIDE
H. DIMENSIONS
1. No. of Stories 2 Basement: Yes X No
3. Height of Construction Ft. 24' MAX WIDTH 22' MAX DEPTH 30'
4. Total Floor Area Sq. Ft. w/o Basement 800
I. ESTIMATED COST MATERIAL AND LABOR
1. GENERAL \$ 62400
TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
2. ELECTRICAL \$ 1000
3. PLUMBING AND PIPING \$ 1800
4. HEATING, AIR COND. \$
5. OTHER, ELEVATOR, ETC. \$
TOTAL COST \$ 65200

J. FLOOD HAZARD AREA-1. YES (NO)
1. Elev. (MSL) of lowest floor incl. basement
2. Elev. (MSL) of 100 year flood
K. TYPES OF SEWAGE DISPOSAL
1. X PUBLIC 2. PRIVATE SYSTEM**
3. ISDS NO. DATE
O. FEES
RADON FEE \$ 0
MUNICIPAL BUILDING PERMIT FEE \$ 582.60
CE/ADA FEE \$ 50.00
TOTAL PERMIT FEE \$ 662.60
1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00
BUILDING OFFICIAL'S SIGNATURE

L. NUMBER OF OFF-STREET PARKING SPACES
1. ENCLOSED
2. OUTDOORS 2
M. TYPE OF WATER SUPPLY
1. X PUBLIC
2. PRIVATE
3. INDIVIDUAL WELL
N. EQUIPMENT **
1. INCINERATOR
2. ELEVATOR (Enter Number)
ALFRED DECORTE

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
*IN-STATE CONTRACTOR = 0; OUT-OF-STATE CONTRACTOR = 1
**STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION TEL. NO. DATE

PLEASE PRINT OR TYPE

MUNICIPALITY SMITHFIELD ISSUED 09/25/1989 NUMERICAL CODE 31 PERMIT NO. 89-1193
 APPLICATION DATE 09/25/1989 CENSUS TRACT _____ FEE REC. \$ _____ FEE BY _____

1. STREET LOCATION 17 TUCKER RD 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 10/061 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A TIC, 17 TUCKER ROAD,... TEL. NO. _____
 10. CONTRACTOR CARMINE ARIOSTO IN-STATE? Yes No TEL. NO. 401-294-3929
 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
Enclosing porch.

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. <input checked="" type="checkbox"/> 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 <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 \$ _____ 3500 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 \$ _____ 3500

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 \$ _____ 0.00 CE/ADA FEE \$ _____ 0.00 TOTAL PERMIT FEE \$ _____ 0.00 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. _____

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

BUILDING PERMIT APPLICATION

Office File

MUNICIPALITY SMITHFIELD ISSUED 08/10/1993 NUMERICAL CODE 31 PERMIT NO. 93-251
 APPLICATION DATE 08/10/1993 CENSUS TRACT _____ FEE REC. \$ 15.80 FEE BY _____

1. STREET LOCATION 17 TUCKER RD 2. ZONING DISTRICT _____
 3.4.5. PARCEL ID 10/061 6. AREA 0.00 7. REHAB CODE (Circle) Yes No
 8. USE OF STRUCTURE: PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME
 9. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A TIC, 17 TUCKER ROAD,... TEL. NO. _____
 10. CONTRACTOR ANNETTE SPARKS, 81 Elmdale Rd. IN-STATE? Yes No TEL. NO. 401-934-0079
 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
8'x10' replacement shed.

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 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 \$ _____ 800 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 \$ _____ 800

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 \$ _____ 15.00 CE/ADA FEE \$ _____ 0.80 TOTAL PERMIT FEE \$ _____ 15.80 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. _____

C8925