AUG 0 8 2024

TOWN OF SMITHFIELD

SMITHFIELD TOWN CLERK

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date	07/22/2024	Request Number
Name (opti	ional)	Peter Watson
Address (o	ptional)	2605 Maitland Center Parkway, Suite C
		Maitland, FL 32751
Telephone <u>Not</u>	e: Contact i	302-261-9069 <u>E-Mail (optional)</u> MLS@stellaripl.com nformation is optional but would be helpful in providing a cost estimate acting you when documents are ready or if additional information is
Requested I	Records: O	ur firm has been requested to research the referenced property
for any BL	ILDING PE	RMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES
on record	in any city,	town, village, or port authority.
Address:	17 TUCKER	R RD, GREENVILLE, RI 02828
Account# 1	3-2015-49	// Owner: GEORGE MCNAMEE & STACY MCNAMEE
If these reco desire to:	rds are not re	eadily available at the time of your request, please advise whether you
	_ inspect th	e records.
-or-	_ pick up co	opies of the records.
-or-	have copie	es of the records mailed to:
YES	have copi	es of the records sent by facsimile or e-mailed to: MLS@stellaripl.com
If, after revie disclosure un exemption.	w of your red der the Acces	quest, the Town determines that the requested records are exempt from ss to Public Records Act, the Town reserves the right to claim such

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

Complaint/Violation

Location of Comm	plaint: 17 Tucker Road
	orallit.
Owner:	
Address:	Phone:
Nature of Compla	int:
× *	Thinking gran debris
X	Other Clippings Outo Street
(doesn't take in trash cars
(1	
Received by:	40
Received by:	'al
	Date: 6/14/05
Investigation:	Date: 6/14/05
Investigation:	
Investigation:	Date: 6/14/05

PLEASE PRINT OR TYPE	BUILDING PERM	IIT APPLICA	ATION	OFFICE FILE	(LOCATION)
MUNICIPALITY Smi	thewald	NUMERICAL CO	- 1	PERMIT NO.	93-251
APPLICATION DATE 8/10/93	CENSUS TRACT 127			37) 0	elle
	TUCKER ROAD		2. ZONING DIS	W2	20
3. PLAT/MAP / 6 4. LOT/BLOC	1.1	6. AREA		E DISTRICT NO. (0 o	
8. USE OF STRUCTURE: PREVIOUS	. 4	PROPOSED_	STORA		1 1)
9. OWNER ANNETTE I.		ss 31 Ecma		TEL. NO.	9386079
10. CONTRACTOR (0 or 1*)	NER	50			
11. CONTRACTOR ADDRESS S		P	12 DI BUIL DEDE E	REGISTRATION NO	
13. ARCH. OR ENG.			_12. NI BOILDENS F	TEL. NO	
14. RHODE ISLAND REG. NO.			16 Cortificat	e of Occupancy Requ	
17. DESCRIPTION OF WORK TO BE PER		(Circle one) Tes (No		SE OF EACH FLOO	
17. BESOME HONOL WORK TO BE FEA	8×10'5	hod Ray	Luceman	1	
LNE TO THE TOTAL PROPERTY OF THE TOTAL PROPE		The Comp	1st	/	
			2nd		
- Table 1			3rd		
			Othe	r	
A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL TYP	E OF CONSTRUCTION	ON
1 NEW STRUCTURE	PUBLIC	PRIVATE	(CONSTRUCTION	CLASS (Check one)	
2 ADDITION TO STRUCTURE	1 STATE	4. TAXABLE	1. 1A	5. 2C	9. 5A
3INSTALLATION		5 TAX EXEMPT	2. 1B	6. 3A	10. 5B
4 RECONSTRUCTION 5 REPLACEMENT	3 OTHER, SPECIFY		3. 2A	7. 3B	
6. FOUNDATION ONLY			4. 2B	8.4	
D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RESIDE	NTIAL	F. RESIDENTIAL		
1 R-1 MOTEL, HOTEL	1 A-1-A THEATRES 13	I-2 INSTITUTIONAL	(COMPLETE FOR NEW BUILDIN	GS, AND RECONSTRUCTION) SINGLE FAMILY	
2 R-2 MULTI-FAMILY	2 A-1-B THEATRES 14	I-3 INSTITUTIONAL RESTRAINED	1 TOTAL SIN		
3R-3 One and Two Family Attached		M MERCANTILE	2 TOTAL NO		
4R-4 One and Two Family Detached 5GARAGE		S-1 STORAGE S-2 STORAGE LOW	TOTAL NO. OF BATHE	ROOMS 3Full 4	IHalf
6CARPORT		SWIMMING POOL	5 TOTAL NO	MULTI-FAMILY OF KITCHENS	
7 MOBILE HOME	7B BUSINESS 19	FENCES	TOTAL NO. OF BATHR	ROOMS 6 Full 7	Half
8 SWIMMING POOL		SIGNS		PARTMENTS BY NO. OF E	BEDROOMS
9 FENCES 10 SIGNS	ENCTORY	OTHER	8. Effic	9. 1	10.2
▼ 11FIREPLACE		LOII T	14 MORE		13. 5
12. OTHER, SPECIFY Shed	12 I-1 INSTITUTIONAL GROUP HOME		1	NUMBER OF BUILDING	GS IN PROJECT.
G. FOUNDATION SETS BACK FROM PROPERTY LINES	H. DIMENSIONS		I. ESTIMATED COS	T MATERIAL AND LA	
Pavalage +	1. No. of Stories 2. Basen	nent: Yes No	1. GENERAL TO BE INSTALLED BUT NOT I	\$S	<u> 5 ()</u> .00
1. FRONT RESIDENCE, MENU In.	3. Height of Construction Ft WI	X. MAX.	2. ELECTRICAL	\$.00
2. REAR	4. Total Floor Area Sq. Ft. w/o Basemer		3. PLUMBING OR PIP		00
4. RIGHT SIDEft.,in.	4. Iotal Floor Area Sq. Ft. W/O Basemer		4. HEATING, AIR CON 5. OTHER, ELEVATOR	·	.00
J. FLOOD HAZARD AREA - 1. YES NO	K. TYPES OF SEWAGE DISPOSAL		1	AL COST \$.00
1. Elev. (MSL) of lowest floor incl. basement	A DUDUO O DDUATE	0) (075) 44	O. FEES	·	
2. Elev. (MSL) of	1 PUBLIC	DATE	1. MUNICIPAL BUILDII PERMIT FEE	NG =	\$ 15.00 00
100 year flood			2. CE & ADA FEE:		\$ 15.00 .00
L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT*	800 + (I) ITEM #1 + I	x .001	= \$ <u>,80.00</u>
4 5000 0050	1PUBLIC	1. INCINERATOR		OTAL PERMIT FEE	\$15,80.00
1. ENCLOSED 2. OUTDOORS IN WILE IN THE PROPERTY OF THE PROPERT	2 PRIVATE SYSTEM 3 INDIVIDUAL, WELL	2. ELEVATOR (Enter Number)	/1 & 2 FAMILY DWE	ELLING LIMITED 1	
2:00 120010	·	not the emplication in	TO CE & ADA FEE	OF \$50.00	
I hereby certify that I have the authority tundersigned agree to conform to all applications.	o make the toregoing application, that able codes and ordinances of this ju-	risdiction.	orrect, and that the o	owner of this building	and the
*IN-STATE CONTRACTOR = 0 OUT-OF-STATE CONTRACTOR = 1	X TEL. NO.	LICANT'S SIGNATURE	nutte &	Sparker	
* STATE APPROVAL DECLIDED SEE FACE		505			
OF FORM FOR INFORMATION, FINLAY DENNIS OF THE TAX COLLECTOR SMITHFIELD, R.I.	7	FOR			2/10/
TAX COLLECTOR S					34104 -93

BUILDING PERMIT APPLICATION PERMIT NO.89-1193 NUMERICAL CODE MUNICIPALITY 127 APPLICATION DATE. ZENSUS TRACT FEE RECEIVED: \$ IMPORTANT: PLEASE PRINT — APPLICANT TO COMPLETE ALL ITEMS Lucker 2. ZONING DISTRICT 6. AREA 7. FIRE DISTRICT NO. (0 or 1) 105 8. USE OF STRUCTURE: PREVIOUS PROPOSED_ 9. OWNER ANNette ADDRESS XI FINDAIC ROAD TEL. NO. 10. CONTRACTOR (0 or 1*) CARMINE A ADDRESS TEL. NO. 11. ARCH, OR ENG. **ADDRESS** 13. Stamped Prints (Circle one) Yes No 12. RHODE ISLAND REG. NO. 14. Certificate of Occupancy Required Yes No 16. USE OF EACH FLOOR ENCLOSING ORCh 15. DESCRIPTION OF WORK TO BE PERFORMED. BSMT. 1st 2nd 3rd Other TYPE AND COST OF BUILDING -- PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA A. TYPE OF IMPROVEMENT B. OWNERSHIP C. ESTIMATED COST MATERIAL AND LABOR 1. STRUCTURAL \$ 3.500 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST വ **PUBLIC PRIVATE** NEW STRUCTURE ____ ADDITION TO STRUCTURE 2. ELECTRICAL .00 TAXABLE 1. _____ STATE __ INSTALLATION 3. PLUMBING OR PIPING .00 2. ____ CITY OR TOWN TAX EXEMPT 4. ____RECONSTRUCTION 4. HEATING, AIR COND. .00 OTHER, SPECIFY REPLACEMENT 5. OTHER, ELEVATOR, ETC. .00 6. _____ FOUNDATION ONLY TOTAL COST .00 D. PROPOSED USE RESIDENTIAL E. PROPOSED USE NON-RESIDENTIAL F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS, AND RECONSTRUCTION) INSTITUTIONAL INCAPACITY ED A-1-A THEATRES _ I-2 ___ R-1 MOTEL, HOTEL SINGLE FAMILY A-1-B THEATRES W/O STAGE . 1-3 INSTITUTIONA RESTRAINED R-2 MULTI-FAMILY TOTAL SINGLE FAMILY UNITS MERCANTILE A-2 **NIGHT CLUBS** _ M TOTAL NO. OF BEDROOMS R-3-One and Two Family Attached _ A-3 STORAGE MODERATE RESTAURANTS 16. ___ __ S-1 TOTAL NO OF BATHROOMS 3. Full 4. Half R-4 One and Two Family Detached ____ S-2 STORAGE A-4 CHURCHES 17. ____ GARAGE MULTI-FAMILY _ A-5 STADIUM SWIMMING POOL TOTAL NO. OF KITCHENS ___ CARPORT __ в BUSINESS 19. **FENCES** TOTAL NO. OF BATHROOMS 6.__ __Full 7. MOBILE HOME ____ E 20. SIGNS **EDUCATIONAL** SWIMMING POOL TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 8. Effic. ____ ____ F-1 FACTORY (MOD. HAZ.) 21. OTHER 9.1_ 10. 2 ___ FENCES 10. ____ F-2 SPECIFY 11. 3_ 12. 4 13. 5 FACTORY (LOW HAZ.) SIGNS 11. ____ H HIGH HAZARD ___ MORE, Please Specify ___ FIREPLACE 12. ____ J-1 INSTITUTIONAL GROUP HOME __ TOTAL NUMBER OF BUILDINGS INTROJECT. _ OTHER, SPECIFY PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one)) FOUNDATION SETS BACK H. DIMENSIONS ROM PROPERTY LINES 1. No. of Stories 2. Basement: Yes No 1. FRONT in. 5. 2C 9. 5A MAX. WIDTH 3. Height of Construction 2. REAR in. 2. 1B 10. 5B 3. LEFT SIDE in. 4. Total Floor Area Sq. Ft. w/o Basemen 3. 2A 7. 3B 4. RIGHT SIDE 10 8. 4 J. FLOOD HAZARD AREA - 1. YES L. PRINCIPAL TYPE OF HEATING FUEL 2. NO K. TYPES OF SEWAGE DISPOSAL 1. Elev. (MSL) of lowest GAS ELECTRICITY floor incl. basement ___ PUBLIC ___PRIVATE SYSTEM* OIL COAL 2. Elev. (MSL) of 3 ISDS NO. DATE 100 year flood _SOLAR OTHER O. EQUIPMENT P. TYPE OF MECHANICAL AND AIR CONDITIONING N. TYPE OF WATER SUPPLY M. NUMBER OF OFF-STREET PARKING SPACES __ Central-Electric: — Heat Pump PUBLIC 1. INCINERATOR 6. Solar Hot Water Central-Gas 1. ENCLOSED PRIVATE SYSTEM 2. ELEVATOR 3. ____ Individual RM. A/C TAX COZ FCTUR Solar Heat 1.0 (Enter Number) 2. OUTDOORS INDIVIDUAL, WELL Oil 4. 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 TEL. NO. APPLICANT'S SIGNATU OUT-OF-STATE CONTRACTOR = 1

STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

OFFICE FILE (LOCATION)

CA BC-4 MECHANICAL PERMIT APPLICATION FEE RECEIVED: \$ NUMERICAL CODE. CENSUS TRACT. TUCKER ROAD SMITHFILED No. of Stories 6 / _____4. FILE._______5. MATERIAL OF STRUCTURE IS_ PROPOSED INSTAIL ELECTRIC HEAT 6. USE OF STRUCTURE: PREVIOUS 7. RATING OF BOILER OR FURNACE _Drawings submitted Yes__No_ _Replace____Reconstruct 10. Estimated Cost of Labor and Material: \$ 275.00 8. Check one: ___Construct ____Install 9. Floor location of equipment___Cellar___1st Flr.___2nd Flr.___3rd Flr.___Other_ 11. CAPACITY OF STORAGE TANK _____ 12 OWNER AWNETTE SPARKS ADDRESS 81 SLM DIOIT APONE ELECTRIC ADDRESS 3 14. ARCH. OR ENG. ____ADDRESS _ 15. STAMPED PRINTS YES ____NO____ 16. ARCH. OR ENG. REG. NO._ 17. CONTRACTOR'S LIC. NO. 18. DESCRIPTION OF WORK TO BE PERFORMED INSTAIL ELECTRIC HEAT PLUAS Installation for: Incinerators w/ or w/o Air Pollution Boiler Installations, 200,000 BTU or more, or for Dwellings Elevators, Dumbwaiters, Moving Stairs, and certain other

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.

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

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 GRAN

DAIL

MECHANICAL INSPECTOR

ELECTRICAL PERMIT	T APPLICATION CA BC-5
	NUMERICAL CODE 3/ PERMIT NO. 2010
APPLICATION DATE $\frac{2/22/89}{}$ CENSUS TRACT $\frac{127}{}$	FEE RECEIVED: \$ 25,00 BY
1. STREET LOCATION 17 Tucker Road POL	LE NO. or UNDERGROUND NO.
	FLOOR LOCATION
	PROPOSED
7 Temporary New Installation Change of S	Service Starting Date 2-22-89
8. OWNER Ann FANTAND SPARSADDRESS / 7 /C	Icken Reach TEL NO 785 776,
9. ELECTRICAL CONTRACTOR BASED ELECTRIC ADDRESS 86 CA	LANCINE ST. CAOL TEL NO 946-368
10. ARCH. OR ENGADDRESS	
11. STAMPED PRINTS (Circle one) YES NO 12. RHODE ISLAND REG. NO	13. ELECTRICIAN'S LIC. NO. # -25 \$
14. DESCRIPTION OF WORK TO BE PERFORMED	Septice from copy to
100 pmp.	
10-1-10	
15. Service entrance voltage /20/290 Amperage /00	
	Conductor Per Phase
17. Estimated load: Electrical Heatk.w. Lightsk.w.	
18. ESTIMATED COST OF COMPLETED INSTALLATION: \$	200,-
ELECTRICAL CONTRACTOR'S SIGNATURE	Cattle
DO NOT WRITE BELOW THIS LINE	ELECTRICAL WIRING PERMIT
Temporary Service	Date
Roughing In	PERMIT GRANTED
Service & Meter	the state of the s
Off Peak Meter	, , ,
Final Approval	
Disapproved*	
*For the following reasons	ELECTRICAL INSPECTOR
CENTIFICATE OF II	NCDECTION
CERTIFICATE OF I	DATE
To the Electric Utility Company: The installation described above has	
for connection to your service.	ELECTRICAL INSPECTOR
D G G B U B D	
FEB 2 2 1889 Returned # 184	19

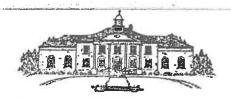
OFFICE FILE (LOCATION)

		III APPLIC	1	//
MUNICIPALITY Smoth field	*	NUMERICAL C	CODE_5/	PER/IT AS
APPLICATION DATE 11/2 7/2 CENSUS TR	RACT	FEE RECEIVED	5 40.18	BANA
1. STREET LOCATION 17 Tuckes Ped.	:	POLE NO. or UNDERGR	OUND NO	
2. PLAT/MAP D 3. LOT/BLOCK 6 4. FILE	/PARCEL	5. FLOOR LOCATION_		
6. USE OF STRUCTURE: PREVIOUS Pendentia				
7TemporaryNew Installation			Starting Date	
a course Sha a a Mara: a	ANNOESS BITU	dren Red.	·	TEL NO. 231-88
9. ELECTRICAL CONTRACTOR ATT. 10. ARCH. OR ENG.	ADDRESS 753	to Willy	3CO Nowall	188 TEL NO. 215-13
10. ARCH. OR ENG.	ADDRESS	<u> </u>	- War and the same of the same	TEL. NO
11. STAMPED PRINTS (Circle one) YES NO 12. RHODE !	SLAND REG. NO.		13. ELECTRICIAN'S LIC N	OTSC 858
14 DESCRIPTION OF WORK TO BE PERFORMED				
	logrady 5	Security	Syphon	
	, 0	9	DAIN	Act of the Section of
15. Service entrance voltageAmpera		Phase	17	No. of Meters
16. Wire size (cu. or al)			11/1/19	
17. Estimated load: Electrical Heatkw. Lig		ž.	Dy Diyer	Morprs, H.P., Phase
18. ESTIMATED COST OF COMPLETED INSTALLATION: \$				
MUNICIPAL ELECTRICAL PERMIT FEE:			= \$	9010
CE & ADA FEE:	x .001		= S	18
/1 & 2 FAMILY DWELLINGS LIMITED)	1 x .001	TOTAL PE	RMIT FEE = \$	40.18
TO CE & ADA FEE OF \$50.00 / I hereby certify that I have the authority to	make the foregoin	ng application, that the	application is correct	and that the owner of this
building and the undersigned agree to conform to all applica	able codes and ordina	ance of the state and this	jurisdiction.	
ELECTRICAL CONTRACTOR'S SIGNATURE	Kenn	at A	mischy-	
		FIFCTDICS	L WIDING DEDM	IT
DO NOT WRITE BEL	OW THIS LINE		L WIRING PERM	₩¥.
nspections Temporary Service	3	Date		
Roughing In			PERM	IT GRANTED
Service & Meter			DATE	11/27/12
Off Peak Meter				n .
Final Approval				All
Disapproved*			В	ELECTRICAL INSPECTOR
*For the following reasons				A REAL INSPECTOR
		F INSPECTION	a:	<i>-</i>
,	EKHTICAIC U	E HASECTION	DATE	
To the Electric Utility Company; The installation descr	rihad ahova has has	n completed and has be		
your service.	ined above this nee	ii éaithiúsea eile sias ei		
2	<u></u>		ELECTRICAL INSPECTO	R

ADT LLC
KENNETH A PUSYKA
75 BYFIELD STREET
WARWICK RI 02888 Administrator

TELECOMM CORPORATION DATA TSC
VIDEO TSC
LIC# 858
ADT LLC
SOUND TSC

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



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 OWNER'S NAME: George Minamer	PLAT 10 LOT 6/
CONTRACT DEPOSIT CORRESPONDENCE	PHONE 79 10838
CONTACT PERSON: George OR Stacy MY	Amee PHONE 949.0838.99
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	STATEZIP
PAVED ROAD	
PUBLIC WATER AVAILABLE	
ARE YOU TIED IN	
PUBLIC SEWERS AVAILABLEARE YOU TIED IN	
BRIEFLY DESCRIBE WHAT IS TO BE CONSTRUCTED - PROPERTY; STRUCTURE DIMENSIONS; APPROXIMAT ABOVE Grovnd Pool	- INCLUDE: LOCATION OF WORK WITHIN
**SITE/GRADING PLANS ARE REQUIRED FOR <u>ALL</u> NE THE SOIL EROSION OFFICER.	W HOUSES AND AT THE DISCRETION OF
SOIL EROSION DETERMINATION IS NOT A BUILDIN BE OBTAINED IN THE BUILDING OFFICIAL'S OFFICE GRANTED.	IG PERMIT. A BUILDING PERMIT MUST CE AFTER SOIL EROSION APPROVAL IS
ALL OF THE ABOVE MUST BE COMPLETED BEFORE MAKE A DETERMINATION FOR THE PROPOSAL.	THE TOWN ENGINEER'S OFFICE WILL
SIGNATURE OF APPLICANT/OWNER	3/17/06.
OLGINAL ONE OF AFFLICAN I/OWNEK	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	S WORK APPLICABLE UNDER THE SOIL EROSION ORDINANCE	YES	NO X	
IS.	S A R.I.D.E.M. WETLANDS DETERMINATION REQUIRED	YES	NO_X	
AR	RE ENGINEERING PLANS REQUIRED	YES	_ NO_ <u></u>	
EN	ENGINEER'S COMMENTS: PROTECT DISTURBED DATES P BOTH DURING & AFTER CONSTRUCTIONS.	ROM	SOIL E	20510N
AP	PPROVAL 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 OWNER/APPLICANT.	E THE RES	SPONSIBILITY	OF THE
3.	ALL OPERATIONS MUST BE PERFORMED AS PRESENTED ON THE AP ALTERATION MUST BE APPROVED BY THE TOWN ENGINEER.	PPLICATION	N. ANY CHA	NGE OR
4.	. NO EARTH SLOPES GREATER THAN 2:1 (TWO FEET HORIZONTAL TO CCREATED.	ONE FOOT	VERTICAL) S	HALL BE
5.	ALL DISTURBED SURFACE AREAS SHALL BE PROMPTLY AND EFFECTIVELY EROSION AND SEDIMENTATION BY USING STAKED HAYBALES, SILT FENCE O	Y PROTECT OR OTHER A	TED TO PREVI APPROVED ME	ENT SOIL ASURES.
6.	BUILDING OFFICIAL'S SITE PLAN AND SOIL EROSION PLAN $\underline{\text{MUST AG}}$ STRUCTURES AND IMPROVEMENTS.	REE REGA	ARDING LOCA	TION OF
7.	NONE OF THE WORK ALLOWED BY THIS APPROVAL SHALL BE DONE IN A PUBLIC NUISANCE.	ANY MANN	ER SO AS TO	CAUSE A
8.	. APPROVAL OF THIS APPLICATION SHALL NOT RELIEVE THE OWNER/APPLIC FOR DAMAGE TO PERSONS OR PROPERTY, NOR IMPOSE ANY LIABILITY UPON DAMAGES TO PERSONS OR PROPERTY.	CANT FROM N THE TOW	M ANY RESPON 'N OF SMITHFI	ISIBILITY IELD FOR
9.	. ALL WORK SHALL BE SUBJECT TO PERIODIC INSPECTIONS BY THE TOW OFFICER.	VN ENGINE	EER OR SOIL	EROSION
10.	o. A SOIL EROSION PERMIT IS <u>NOT</u> A BUILDING PERMIT. A BUILDING PERI BUILDING OFFICIAL'S OFFICE AFTER SOIL EROSION APPROVAL HAS BEEN OF		BE OBTAINEI	IN THE
DA	DATE: 3-21-06 APPROVED BY: 5- (PM)	name)		

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 Lot and we are in
compliance with the Zoning Board of Review Resolution approving a Special Use Permit
for an accessory-family dwelling unit dated
Ormania of Daine in al Danilliana
Owners of Principal Dwelling:
Print Name: Lacyan McNamee
Signature: Melamie
Print Name:
Signature:
Residents of Accessory-Family Dwelling Unit:
Print Name: PATRICIA M. NAME
Print Name: PATRICIA M. NAME Signature: Phrint M. Mame
Print Name:
Signature:
Before me personally appeared the above-named owners who made oath that the contents
of this instrument are truthful.
TOWN OF SMEAFFLD, R.I. DIANNE L. ADI, TOWN CLERK Motary Public Notary Public

OFFICIAL SEAL
GERALDINE DE ANGELIS
NOTARY PUBLIC -- RHODE ISLAND
My Comm. Expires 3-2u-07

06 APR -3 PM 1: /2



Town of Smithfield

64 FARNUM PIKE SMITHFIELD, RHODE ISLAND 02917

Telephone

Telephone (401) 233-1039

Fax

(401) 233-1091

Geri DeAngelisDeputy Zoning Official

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

Her el Congelis



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

Feri elo Orgalis

Office File	ELECT		STATE OF RHODE PERMI	Office File				
MUNICIPALITY SMITHFIELD		SSUED 11/	01/2004	NUMERICAL CODE	31	PERMIT NO	04-568	
APPLICATION DATE 07/25/2	004 (CENSUS TRAC)T	_ FEE RECEIVED: \$_	51.00	_ BY		
1. STREET LOCATION 17 TUCKE.	R RD			POLE NO. or UNDERGR	OUND NO			
2.3.4. PARCEL ID 10/061	FLOOR LOCA	ΓΙΟΝ						
6. USE OF STRUCTURE PREVIOU								
7Temporary X New Install								
8. OWNER MCNAMEE PATRIC								
9. ELECTRICAL CONTRACTOR JOI								
10. ARCH. OR ENG								
11. STAMPED PRINTS YES NO)	12. RHODE ISLA	AND REG. NO		13. CONTRA	CTOR'S LIC. NO.	A-003277	
14. DESCRIPTION OF WORK TO B	BE PERFORMED _							
Wire garage, wire apartn	nent upstairs, l	heat detector	∕, sservie, and	d smoke detector.				
15. Service entrance voltage	Amper	age100		Phase 1	N	o. of Meters 1		
16. Wire size (cu. or al.)			Conduc	tor Per Phase				
17. Estimated Load: Electrical Heat	k.w.	Lights	k.w. R	ange Dr	yer	Motors, H.P., Pha	se	
18. ESTIMATED COST OF COMPLET	TED INSTALLATION	N: \$		1000.00				
MUNICIPAL ELECTRICAL					= \$	50.00		
CE & ADA FEE : 10	DOO.OO X.(IMATED COST X.				= \$	1.00		
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00		001		TOTAL PERMIT F	EE = \$	51.00	ı 	
I hereby certify that I have the building and the undersigned a	agree to conforn	n to all applica	ation codes ar	nd ordinances of the r	nunicipality		ner of this	
DO NOT V	VRITE BEL	OW THIS	LINE EL	ECTRICAL WI	RING PE	RMIT		
					PERMIT GF	RANTED:		
					DATE			
					BY			
					El	LECTRICAL INSPE	ECTOR	
	С	ERTIFIC	ATE OF I	NSPECTION				
To the Electric Utility Compa						connection to y		
					ELECTRICAL INSP	ECTOR		

Office File	ELECTRICA	STATE OF RHODE ISLA L PERMIT		TION	Office File					
MUNICIPALITY SMITHFIELD	ISSUED 1:	1/27/2012 NU	JMERICAL CODE_	31	PERMIT NO. 12					
APPLICATION DATE 11/27/2	012 CENSUS TR	ACT FE	E RECEIVED: \$	40.18	BY					
1. STREET LOCATION 17 TUCKE.	OUND NO									
2.3.4. PARCEL ID										
6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME										
7TemporaryNew Install										
8. OWNER MCNAMEE GEORGE										
9. ELECTRICAL CONTRACTOR AD!	TEL. NO215-1330									
10. ARCH. OR ENG										
11. STAMPED PRINTS YES (NO)					CTOR'S LIC. NO. 858					
14. DESCRIPTION OF WORK TO B	E PERFORMED									
Upgrade security system	1									
15. Service entrance voltage	Amperage	Ph	ase	N	o. of Meters					
16. Wire size (cu. or al.)		Conductor Pe	er Phase							
17. Estimated Load: Electrical Heat	k.w. Lights	k.w. Range	Dr	yer	Motors, H.P., Phase					
18. ESTIMATED COST OF COMPLET	red installation: \$	18	30.00							
MUNICIPAL ELECTRICAL				= \$	40.00					
CE & ADA FEE :	.80.00 x .001 MATED COST x .001			= \$	0.18					
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00			TOTAL PERMIT F							
I hereby certify that I have the building and the undersigned a	authority to make the foreg	oing application, the	t the application	is correct, a						
building and the undersigned a	igree to comorm to all appi	ication codes and or	umances of the r	пипісіранцу						
ELECTRICAL CONTR	RACTOR'S SIGNATURE _									
DO NOT V	VRITE BELOW THI	S LINE ELEC	TRICAL WI	RING PE	RMIT					
				DEDINE OF	ANTED					
				PERMIT GR						
				DATE						
				5 1/						
				El	ECTRICAL INSPECTOR					
	CEDTIE	CATE OF INS	DECTION							
To the Electric Utility Compa	any: The installation described	above has been inspe	cted and approval	is granted for	connection to your service.					
			E	LECTRICAL INSPI	ECTOR					

Office File	Office File				
MUNICIPALITY SMITHFIELD	ISSUED	02/22/1989	NUMERICAL CODE	31	PERMIT NO. 2010
APPLICATION DATE 02/22/19	989 CENSU	S TRACT	FEE RECEIVED: \$_	25.00	BY
1. STREET LOCATION 17 TUCKE	R RD		POLE NO or UNDERGI	א מאוט	
2.3.4. PARCEL ID					
6. USE OF STRUCTURE PREVIOU			PF		
7TemporaryNew Install.					
8. OWNER MCNAMEE PATRICE					
9. ELECTRICAL CONTRACTOR PAS					
10. ARCH. OR ENG.					
11. STAMPED PRINTS YES NO					
14. DESCRIPTION OF WORK TO B					
Service revamp.					
15. Service entrance voltage 120/24	40 Amperage	100	Phase 1	N	o. of Meters 1
16. Wire size (cu. or al.#2 AL		Cond	uctor Per Phase1		
17. Estimated Load: Electrical Heat	k.w. Lights	k.w.	Range [ryer	Motors, H.P., Phase
18. ESTIMATED COST OF COMPLET	ED INSTALLATION: \$		600.00		
MUNICIPAL ELECTRICAL	PERMIT FEE:			= \$	25.00
CE & ADA FEE :6	00.00 x.001 MATED COST x.001			= \$	0.00
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00			TOTAL PERMIT	FEE = \$	25.00
I hereby certify that I have the	authority to make the	foregoing applicati	on, that the application	n is correct. a	
building and the undersigned a	gree to conform to all	application codes	and ordinances of the	municipality	
ELECTRICAL CONTR	RACTOR'S SIGNATUR	RE			
DO NOT W	RITE BELOW 1	HIS LINE	LECTRICAL W	IRING PE	RMIT
				DEDMIT OF	ANTED
				PERMIT GR	
				DATE	
				RV	
					ECTRICAL INSPECTOR
				CL	LOTRICAL INCLECTOR
	CERT	FICATE OF	INSPECTION		
To the Electric Utility Compa					connection to your service
To the Electric Office Compa	my. The installation desc	inced above has bee	п тэрестей апи арргоуа	i is granited for	connection to your service.
				ELECTRICAL INSPE	ECTOR

STATE OF RHODE ISLAND Office File Office File MECHANICAL PERMIT APPLICATION 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 ____<u>5</u>. MATERIAL OF STRUCTURE IS ___ 2.3.4. PARCEL ID 10/061 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 ADDRESS ____TEL. NO. ____ 9 ARCH. OR ENG. ___ 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______ EXISTING______ NEW_____ 275 GAL 17. CAPACITY of STORAGE TANK 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: 80.00 CE & ADA FEE : 4000.00 x .001 4.00 ESTIMATED COST x .001 (1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00 84.00 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. Signature of Applicant Installation for: Incinerators w/ or w/o Air Pollution Boiler Installations. 200.000 BTU or more. or for Elevators. Dumbwaiters. Moving Stairs, and certain other Control. Settling Chambers. Scrubber AfterBurner. Dwellings of 6 Units or More. Conveying Devices This Application to Install or Renovate the above This Application to Install or Renovate the above This Application to Install or Renovate the above must also be reviewed by: must also be reviewed by: must also be reviewed by: R.I. DEPT OF HEALTH R.I. DEPT OF LABOR R.I. DEPT OF LABOR DIVISION OF AIR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT POLLUTION CONTROL 220 Elmwood Avenue 220 Elmwood Avenue Davis Street Providence, RI 02907 Providence, RI 02907 Providence, RI 02903 DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT PERMIT GRANTED: DATE MECHANICAL INSPECTOR

STATE OF RHODE ISLAND Office File Office File MECHANICAL PERMIT APPLICATION MUNICIPALITY SMITHFIELD ____ ISSUED 09/27/1989 NUMERICAL CODE 31 PERMIT NO. 89-1193 APPLICATION DATE <u>09/27/1</u>989 ___ FEE REC. \$____ CENSUS TRACT____ 25.00 FEE BY 1. STREET LOCATION 17 TUCKER RD _____ No. of stories _____ _____5. MATERIAL OF STRUCTURE IS ___ 2.3.4. PARCEL ID 10/061 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. TEL. NO. 401-934-1994 8. CONTRACTOR. CAPONE ELECTRIC, 3 West Side Drive _____ ADDRESS____ ____TEL. NO. ____ 9 ARCH. OR ENG. ____ 13. RATING OF BOILER OR FURNACE _____ _____ Drawings submitted Yes _____ No X 14. Check one: ____ Construct ___X 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_____ EXISTING______ NEW_____ 17. CAPACITY of STORAGE TANK 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: 25.00 CE & ADA FEE : 275.00 x .001 0.00 = \$ _____ ESTIMATED COST x .001 (1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00 25.00 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. Signature of Applicant Installation for: Incinerators w/ or w/o Air Pollution Boiler Installations. 200.000 BTU or more. or for Elevators. Dumbwaiters. Moving Stairs, and certain other Control. Settling Chambers. Scrubber AfterBurner. Dwellings of 6 Units or More. Conveying Devices This Application to Install or Renovate the above This Application to Install or Renovate the above This Application to Install or Renovate the above must also be reviewed by: must also be reviewed by: must also be reviewed by: R.I. DEPT OF HEALTH R.I. DEPT OF LABOR R.I. DEPT OF LABOR DIVISION OF AIR DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT POLLUTION CONTROL 220 Elmwood Avenue 220 Elmwood Avenue Providence, RI 02907 Davis Street Providence, RI 02907 Providence, RI 02903 DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT PERMIT GRANTED: DATE MECHANICAL INSPECTOR

Offic	Office File PLUMBING PERMIT APPLICATION									Office File													
MUNICIPALITY_	SMIT	HFIE:	LD				ISSI	JED 1	1/01/2	004		NUMI	FRICAL	CODE	=	31	_ PEF	RMIT N	0	4-56	8		
APPLICATION DA				4	CENS	US TR																	
1. STREET LOG														New c	r Old E	Bldg.							
3.4.5. PARCEL ID 10/061 6. PRIVATE SEWAGE: ISDS NO DAT											ATF	/	/										
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																							
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 PLUI CE/ ADA FEE:	MBING	PERM	IT FEE	800.0	0	×	.001						=						\$.00	
(1 & 2 FAMILY TO CE & AI		LLINC	J LIIVII	IEUN	ATED (COST	₹.001						_	TO	TAL P	ERMI ⁻	ΓFEE		\$ \$				
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	WATER	SINKS	LAY. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP, PRESS VALVE VAC.BREAKER	MASH TUB	SLOP SIN¥	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO. WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT MASTES	BACKFLOW PREVENTERS	PRESSURE BOILER	YARD OR AREA DRAINS	CONNECT TO SEMER	OTHER
BASEMENT	30	05	100	П	03 03		->>	Ω	0505		-0	۵	P	g N	00		9	==	ВЦ	Ш	λα	0-	
1ST STORY																							
2ND STORY																							
3RD STORY																							
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5TH STORY																							
6TH STORY																							
7TH STORY																							
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TOTALS																							
TRAP TYPE PIPE MAT'L																							
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Inspections Rough										F	PERMIT	GRAN	ITED:										
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FINAL																							
Disapproved*										Е	3Y							DING "	1055	TO 5			
*For the following	reaso	ns															PLUMI	BING I	NSPEC	IUR			
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To the Gas Compar	y: The	installa	ation de	escribed	d above	has b	een co	mplete	d and h	nas be	en insp	ected a	nd app	roval is	grante	ed for	connect	ion to	your se	rvice.			
		ח	ATE																				
		J	· · · · <u>-</u>						-			PI	LUMBI	NG INS	PECTO)R				_			

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND RITH DINC PERMIT APPLICATION

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	BUILDING PER	WILL AFFLIC	AHUN		
MUNICIPALITY SMITHFIELD	ISSUED_11/01/2004	NUMERICAL COI	DE31	PERMIT NO. 04-568	
MUNICIPALITY SMITHFIELD APPLICATION DATE 07/25/2004	CENSUS TRACT	FEE REC. \$ 662.6	o FEE	BY	
1. STREET LOCATION 17 TUCKE	R RD		2. ZONING	DISTRICT	
3. PLAT/MAP_10 4. LC					
8. USE OF STRUCTURE: PREVIOU		PROPOSE			
8. USE OF STRUCTURE: PREVIOUS 9. OWNER MCNAMEE PATRICIA I ET					
10. CONTRACTOR (0 OR 1*) QUIGL				TEL. NO. 401-568-6527	
		12			
11. CONTRACTOR ADDRESS Chepa			RI CONTR.4553 13. EXPIR.06/01/2005		
11. CONTRACTOR ADDRESS Chepa 14. ARCH. OR ENG. 15. RHODE ISLAND REG. NO.			47. 0 - 1:5 - 1 5	TEL. NO	
ā		Circle one) Yes No			
18. DESCRIPTION OF WORK TO BE	PERFORMED		19	9. USE OF EACH FLOOR	
Garage with apartment over.			Bsmt.		
				1st LIVING 2nd	
A S				3rd	
				Other	
A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL	TYPE OF CONSTRUCTION	
1 NEW STRUCTURE 2X ADDITION TO STRUCTURE 3 INSTALLATION 4 RECONSTRUCTION 5 REPLACEMENT 6. FOLINDATION ONLY	PUBLIC	PRIVATE	(CONSTRUCTION CLA	ASS (Check one))	
2. X ADDITION TO STRUCTURE	1 STATE	4. X TAXABLE	1 1A	5. 2C 9. 5A	
3 INSTALLATION		5 TAX EXEMPT		6. 3A 10. 5B _X	
4 RECONSTRUCTION		o TAX EXEMPT			
5 REPLACEMENT	3 OTHER, SPECIFY:			7. 3B	
I GOILD/III GILEI			4. 2B	8. 4	
D. PROPOSED USE RESIDENTIAL 1.———————————————————————————————————	E. PROPOSED USE NON-RES	SIDENTIAL	F. RESIDENTIA	AL .	
1.—— R-1 MOTEL, HOTEL	1. — A-1-A THEATERS 13.	INSTITUTIONAL INSTITUTIONAL	(COMPLETE FOR	NEW BUILDINGS AND RECONSTRUCTION) SINGLE FAMILY	
2 R-2 MULTI-FAMILY	2 A-1-B THEATERS 14	I-3 RESTRAINED	1 TOTA	AL SINGLE FAMILY UNITS	
	ed 3. — A-2 NIGHT CLUBS 15.	M MERCANTILE	2 TOTA	AL NO. OF BEDROOMS	
4.—— R-4 One and Two Family Detach 5.—— GARAGE 6.—— CARPORT 7.—— MOBILE HOME 8.—— SWIMMING POOL		S-1 STORAGE MODERATE	TOTAL # OF BAT	HS 3 FULL 4 HALF	
5.—— GARAGE		S-2 STORAGE			
6. CARPORT		—— SWIMMING POOL —— FENCES		L NO. OF KITCHENS	
7. MOBILE HOME 8. SWIMMING POOL		—— FENCES —— SIGNS		THS 6FULL 7HALF	
	E107001	—— OTHER		F APARTMENTS BY NO. OF BEDROOMS	
10 SIGNS	EACTORY	SPECIFY		12. 4 13. 5	
11.—— FIREPLACE	11. — H HIGH HAZARD			DRE, Please Specify	
12.—— OTHER, SPECIFY	12. — I-1 INSTITUTIONAL GROUP HOME		15 TO	TAL NUMBER OF BUILDINGS IN PROJECT	
G. FOUNDATION SETS BACK	H. DIMENSIONS		I. ESTIMATED	COST MATERIAL AND LABOR	
FROM PROPERTY LINES	1. No. of Stories 2 2. B	Basement: Yes X No	1. GENERAL		
1. FRONT	_	MAX. MAX.	TO BE INSTALLED 2. ELECTRICA	BUT NOT INCLUDED IN THE ABOVE COST AL \$ 1000	
2. REAR	3. Height of Construction Ft. 24'	WIDTH 22' DEPTH30'	3. PLUMBING	0 4000	
3. LEFT SIDE	 4. Total Floor Area Sq. Ft. w/o Basem	nent 800	4. HEATING, A		
4. RIGHT SIDE	4. Total Floor Area Sq. Ft. W/o Basein		5. OTHER, ELI	EVATOR, ETC. \$	
J. FLOOD HAZARD AREA-1.YES (2.1)	K. TYPES OF SEWAGE DISPO	DSAL		TOTAL COST \$65200	
1. Elev. (MSL) of lowest	1. X PUBLIC 2	PRIVATE SYSTEM**	O. FEES		
floor incl. basement 2. Elev. (MSL) of	- 3. ISDS NO.	DATE	RADON FEE	\$0	
100 year flood	-			DING PERMIT FEE \$ 582.60	
L. NUMBER OF OFF-STREET	M. TYPE OF WATER SUPPLY	N. EQUIPMENT **	CE/ADA FEE	\$50.00	
10 SIGNS 11 FIREPLACE 12 OTHER, SPECIFY G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT 2. REAR 3. LEFT SIDE 4. RIGHT SIDE 4. RIGHT SIDE 1. Elev. (MSL) of lowest floor incl. basement 2. Elev. (MSL) of 100 year flood 2. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED 2. OUTDOORS 2. OUTDOORS 2.	1. X PUBLIC	1. INCINERATOR		TAL PERMIT FEE \$ 662.60 /ELLING LIMITED TO CE /ADA FEE OF \$50.00	
1. ENCLOSED	2 PRIVATE	2. ELEVATOR		JILDING OFFICIAL'S SIGNATURE	
2. OUTDOORS 2	3 INDIVIDUAL WELL	(Enter Number)	ALFRED DECO	PRTE	
hereby certify that I have the authority to make		i l	wher of this buildin	ag and the undersigned agree to conform	

thereby 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. to all applicable codes and ordinances of this jurisdiction.

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

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

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	FLEASE FRINT OR TIPE	BUILDING PERN	MIT APPLIC	ATION	Office The	
ALL ITEUS	MUNICIPALITY SMITHFIELD	MITHFIELD ISSUED 09/25/1989 NUMERICAL CO		DE31	PERMIT NO. 89-1193	
	APPLICATION DATE 09/25/1989	ATION DATE FEE REC. \$				
				2. ZONINO		
COMPLETE	3.4.5. PARCEL ID			A 0.00 7. REHAB CODE (Circle) Yes No		
-	8. USE OF STRUCTURE: PREVIOUS_					
8	9. OWNER MCNAMEE PATRICIA I ET AL					
9	10. CONTRACTOR APPRECS				No TEL. NO. 401-294-3929	
Ξ	11. CONTRACTOR ADDRESS			12. REG #: 13. EXP: <i>l l</i> TEL. NO.		
3	14. ARCH. OR ENG 15. LEAD LICENSE NAME		ა	16. LIC #: 17. EXP: //		
APPLICANT TO	18. RHODE ISLAND REG. NO.		Circle one) Yes No			
4	21. DESCRIPTION OF WORK TO BE P			22. USE OF EACH FLOOR		
3111	Enclosing porch.				Bsmt.	
-	<u> </u>				1st	
[]					2nd	
İ	CODE EDITION:				3rd Other	
-	A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C PRINCIPAL	TYPE OF CONSTRUCTION	
DATA			PRIVATE			
	1 NEW STRUCTURE 2 ADDITION TO EXISTING		· · · · · · · –	(CONSTRUCTION CL/	4. 2B 7. 4	
REQUESTED	3. X MODIFICATION TO EXISTING		4. X TAXABLE			
UES	4 FOUNDATION ONLY		5 TAX EXEMPT		5. 3A 8. 5A	
Ē		3 OTHER, SPECIFY:		3. 2A	6. 3B 9. 5B <u>X</u>	
ENTER	D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RES		F. RESIDENTI	AL Complete for new buildings and reconstructions SINGLE FAMILY	
	1 R-1 HOTELS	1 A-1 THEATRES 13	3. I-1 INSTITUTIONAL SUPERVISED	1 TOTA	AL SINGLE FAMILY UNITS	
AND	2. R-2 APARTMENTS 3. R-3 One and Two Family Attached	2 A-2 RESTAURANT/ 14 3 A-3 ASSEMBLY 15	4. I-2 INSTITUTIONAL INCAPACITATED 5. I-3 INSTITUTIONAL RESTRAINED		AL NO. OF BEDROOMS	
ΤS	4 R-4 ASSISTED LIVING 9-16		6. I-4 RESTRAINED DAYCARE	TOTAL # OF BAT	THS 3 FULL 4 HALF MULTI-FAMILY	
RIATE ITEUS	5 GARAGE		7M MERCANTILE	5 TOTA	AL NO. OF KITCHENS	
	6 CARPORT	6 F-1 FACTORY(mod haz) 18 7 F-2 FACTORY(low haz) 19	S-1 STORAGE MOD HAZARD S 2 STORAGE		THS 6. FULL 7. HALF	
Ā	7 MANUFACTURED HOME 8 SWIMMING POOL	8 H-1 HIGH HAZARD 20	D. U UTILITY MISCELLANEOUS		F APARTMENTS BY NO. OF BEDROOMS _ 9. 1 10. 2	
<u>.</u>	9. X One and Two Family Detached	9. H-2 HIGH HAZARD 2	1 OTHER	11. 3	_ 12. 4 13. 5	
	10 FIREPLACE	10. H-3 HIGH HAZARD PHYSICAL HAZARD	SPECIFY	14 MC	ORE, Please Specify TAL NUMBER OF BUILDINGS IN PROJECT	
¥	11 OTHER SPECIFY	11. H-4 HIGH HAZARD CORROSIVE TOXIC 12. H-5 HIGH HAZARD - HPM 22	 2 MIXED USE			
- PLEASE CHECK APP	G. FOUNDATION SETS BACK	H. DIMENSIONS			COST MATERIAL AND LABOR	
2	FROM PROPERTY LINES			1. GENERAL (TO BE INSTALLED	COST \$ 3500 BUT NOT INCLUDED IN THE ABOVE COST	
2	1. FRONT	1. No. of Stories 2. B		2. ELECTRICA		
	2. REAR	Height of Construction Ft.	MAX. MAX. WIDTH DEPTH	3. PLUMBING	· ·	
	3. LEFT SIDE			4. HEATING, A 5. FIRE SUPP	AII COND.	
Ĭ	4. RIGHT SIDE	4. Total Floor Area Sq. Ft. w/o Basem	ent		EVATOR, ETC. \$	
Ħ	J. FLOOD HAZARD AREA-1.YES(2.N)	K. TYPES OF SEWAGE DISPO	SAL		TOTAL COST \$3500	
AND COST OF BUILDING	1. Elev. (MSL) of lowest	1 PUBLIC 2	PRIVATE SYSTEM	O. FEES		
0	floor incl. basement	3. ISDS NO	DATE //	RADON FEE	\$	
0.5	100 year flood			MUNICIPAL BUII CE/ADA FEE	LDING PERMIT FEE \$ 0.00	
0	L. NUMBER OF OFF-STREET	M. TYPE OF WATER SUPPLY	· ·		\$ <u>0.00</u>	
	PARKING SPACES	1 PUBLIC	State Approval Required 1. INCINERATOR		DTAL PERMIT FEE \$ 0.00 LLING LIMITED TO CE /ADA FEE OF \$50.00	
TYPE	1. ENCLOSED	2 PRIVATE	2. ELEVATOR		UILDING OFFICIAL'S SIGNATURE	
3	2. OUTDOORS	3INDIVIDUAL WELL	(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.

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

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FLLASE FRINT OR TIPE	BUILDING PERN	MIT APPLIC	ATION	Office The			
MUNICIPALITY SMITHFIELD	FIELD ISSUED 08/10/1993 NUMERICAL CO		DE 31	PERMIT NO. 93-251			
MUNICIPALITY SMITHFIELD APPLICATION DATE 08/10/1993 1. STREET LOCATION 17 TUCKER R	ION DATE _08/10/1993 CENSUS TRACT FEE REC. <u>\$ 15</u>		30 FEE	BY			
	1. STREET LOCATION 17 TUCKER RD			G DISTRICT			
3.4.5. PARCEL ID 10/061 8. USE OF STRUCTURE: PREVIOUS 9. OWNER MCNAMEE PATRICIA I ET AL				A 0.00 7. REHAB CODE (Circle) Yes No			
8. USE OF STRUCTURE: PREVIOUS_							
9. OWNER MCNAMEE PATRICIA I ET AL	9. OWNER MCNAMEE PATRICIA I ET ALS MCNAMEE, STACY-ANN & MCNAMEE GEORGE A TIC, 17 TUCKER ROAD, TEL. NO.						
10. CONTRACTOR ANNETTE SPARKS, 8:							
11. CONTRACTOR ADDRESS 14. ARCH. OR ENG	ADDDEC			13. EXP: <u>/ /</u> TEL. NO.			
15. LEAD LICENSE NAME		ა	16. LIC #: 17. EXP: //				
11. CONTRACTOR AMETIES ANO. 11. CONTRACTOR ADDRESS 14. ARCH. OR ENG. 15. LEAD LICENSE NAME 18. RHODE ISLAND REG. NO.		Circle one) Yes No					
21. DESCRIPTION OF WORK TO BE P			22. USE OF EACH FLOOR				
8'x10' replacement shed.				Bsmt.			
				1st			
ASE				2nd 3rd			
CODE EDITION:				Other			
▼ A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL	TYPE OF CONSTRUCTION			
1. X NEW STRUCTURE	PUBLIC	PRIVATE	(CONSTRUCTION CL	ASS (Check one))			
_	1 STATE	4. X TAXABLE	1. 1A	4. 2B 7. 4			
3 MODIFICATION TO EXISTING		5 TAX EXEMPT	2. 1B	5. 3A 8. 5A			
2 ADDITION TO EXISTING 3 MODIFICATION TO EXISTING 4 FOUNDATION ONLY	3. OTHER, SPECIFY:		3. 2A	6. 3B 9. 5B X			
Z							
D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RES	SIDENTIAL	F. RESIDENTI	AL Complete for new buildings and reconstructions			
	1 A-1 THEATRES 13	3 I-1 INSTITUTIONAL SUPERVISED	4 TOT	SINGLE FAMILY LIMITS			
2. R-2 APARTMENTS	2 A-2 RESTAURANT/ 14	4. I-2 INSTITUTIONAL		AL SINGLE FAMILY UNITS AL NO. OF BEDROOMS			
3 R-S OHE AND TWO FAITHIN AHACHED T		5. I-3 INSTITUTIONAL RESTRAINED 6. I-4 INSTITUTIONAL DAYCARE		THS 3 FULL 4 HALF			
4. R-4 ASSISTED LIVING 9-16 5. GARAGE 6. CARPORT 7. MANUFACTURED HOME 8. SWIMMING POOL		7. M MERCANTILE	5. TOT.	MULTI-FAMILY AL NO. OF KITCHENS			
6 CARPORT	6 F-1 FACTORY(mod haz) 18	8 S-1 STORAGE MOD HAZARD		THS 6FULL 7HALF			
7 MANUFACTURED HOME	7 F-2 FACTORY(low haz) 19	9. S-2 STORAGE LOW HAZARD LL UTILITY		DF APARTMENTS BY NO. OF BEDROOMS			
8 SWIMMING POOL 9 One and Two Family Detached	8. H-1 HIGH HAZARD DETONATION 20 9. H-2 HIGH HAZARD DEFLAGRATION 21	D. U UTILITY MISCELLANEOUS 1. OTHER	8. Effic	_ 9. 1 10. 2 _ 12. 4 13. 5			
10 FIREPLACE	10 H-3 HIGH HAZARD PHYSICAL HAZARD	SPECIFY	M ¹	ORE, Please Specify			
11X OTHER	11. H-4 HIGH HAZARD CORROSIVE TOXIC] 15 TC	OTAL NUMBER OF BUILDINGS IN PROJECT			
SPECIFY	12 H-5 HIGH HAZARD - HPM 22	2 MIXED USE	I. ESTIMATED	COST MATERIAL AND LABOR			
10 FIREPLACE 11X OTHER SPECIFY G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT 2. REAR 3. LEET SIDE	H. DIMENSIONS		1. GENERAL TO BE INSTALLE	COST \$ 800 D BUT NOT INCLUDED IN THE ABOVE COST			
1. FRONT	1. No. of Stories 2. B		2. ELECTRIC.	AL \$0			
2. REAR	3. Height of Construction Ft	MAX. MAX. WIDTH DEPTH		SAND PIPING \$0			
3. LEFT SIDE			4. HEATING, A	AII (COND. 5			
4. RIGHT SIDE	4. Total Floor Area Sq. Ft. w/o Basem	ent		_EVATOR, ETC. \$0			
4. RIGHT SIDE 4. RIGHT SIDE J. FLOOD HAZARD AREA-1.YES(2.NO) 1. Elev. (MSL) of lowest floor incl. basement 2. Elev. (MSL) of 100 year flood L. NUMBER OF OFF-STREET PARKING SPACES	K. TYPES OF SEWAGE DISPO	DSAL		TOTAL COST \$800			
1. Elev. (MSL) of lowest	1 PUBLIC 2	PRIVATE SYSTEM	O. FEES				
floor incl. basement 2. Elev. (MSL) of	3. ISDS NO	DATE _ <i> </i>	RADON FEE	\$ 0.00 45.00			
100 year flood		ı	MUNICIPAL BUI CE/ADA FEE	S			
L. NUMBER OF OFF-STREET PARKING SPACES	M. TYPE OF WATER SUPPLY	N. EQUIPMENT State Approval Required		TAL PERMIT FEE \$ 15.80			
	1 PUBLIC	1. INCINERATOR	1 & 2 FAMILY DWE	LLING LIMITED TO CE /ADA FEE OF \$50.00			
1. ENCLOSED	2 PRIVATE	2. ELEVATOR	E	BUILDING OFFICIAL'S SIGNATURE			
hereby certify that I have the authority to make the	3INDIVIDUAL WELL	(Enter Number)	owner of this build	ing and the undersigned agree to confer			

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.