

Property Information		Request Information		Update Information
File#:	BS-X01693-923627950	Requested Date:	07/17/2024	Update Requested:
Owner:	GEORGE MCNAMEE & STACY MCNAMEE	Branch:		Requested By:
Address 1:	17 TUCKER RD	Date Completed:	08/16/2024	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip: GREENVILLE, RI		# of Parcel(s):	1	

Notes

CODE VIOLATIONS Per Town of Smithfield Department of Zoning there are no Code Violation cases on this property.

Collector: Town of Smithfield

Payable: 64 Farnum Pike, Smithfield, RI 02917

Business# (401) 233-1000

PERMITS Per Town of Smithfield Building Department there is an Expired Permit on this property.

Permit# 04-040

Permit Type: CONSTRUCT A TWO-CAR GARAGE

Collector: Town of Smithfield

Payable: 64 Farnum Pike, Smithfield, RI 02917

Business# (401) 233-1000

SPECIAL ASSESSMENTS Per Town of Smithfield Tax Collector Department there are no Special Assessments/liens on the property.

Collector: Town of Smithfield

Payable: 64 Farnum Pike, Smithfield, RI 02917

Business# (401) 233-1000

DEMOLITION NO



UTILITIES WATER

Account #: N/A

Payment Status: DELINQUENT

Status: Pvt & Lienable Amount: \$772.99 Good Thru: 08/30/2024 Account Active: Active

Collector: Greenville Water District

Payable Address: 630 Putnam Pike Greenville, RI 02828

Business # 401-231-1433

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

SEWER & TRASH Account #: 19-2404-00

Payment Status: DELINQUENT

Status: Pvt & Lienable Amount: \$210.25 Good Thru: 08/31/2024 Account Active: Active Collector: Town of Smithfield

Payable Address: 64 Farnum Pike, Smithfield, RI 02917

Business # 401-233-1000

17 TUCKER RD

Location 17 TUCKER RD Mblu 10//061//

Acct# 13-2015-49 Owner MCNAMEE GEORGE A ET ALS

Assessment \$445,900 **PID** 999

Building Count 1

Current Value

Assessment		
Valuation Year	Total	
2024	\$445,900	

Owner of Record

 Owner
 MCNAMEE GEORGE A ET ALS
 Sale Price
 \$0

 Co-Owner
 MCNAMEE STACY ANN & PATRICIA I JT
 Book & Page
 579/78

 Address
 17 TUCKER RD
 Sale Date
 06/18/2007

GREENVILLE, RI 02828

Ownership History

Ownership History			
Owner	Sale Price	Book & Page	Sale Date
MCNAMEE GEORGE A ET ALS	\$0	579/78	06/18/2007
MCNAMEE PATRICIA I ET ALS MCNAMEE	\$0	493/559	04/03/2006
MCNAMEE PATRICIA I ET ALS MCNAMEE	\$0	433/092	07/22/2004
MCNAMEE PATRICIA I ET ALS MCNAMEE	\$0	418/882	04/01/2004
SPARKS ANNETTE I DEC ESTATE	\$0	23/189	01/10/1957

Building Information

Building 1 : Section 1

 Year Built:
 1960

 Living Area:
 2,231

Replacement Cost

Less Depreciation: \$303,900

Building Attributes		
Field	Description	
Style	Cape Cod	
Model	Residential	
Stories	2	
Occupancy	1	
Exterior Wall 1	Vinyl Siding	
Exterior Wall 2		
Roof Structure	Gable/Hip	
Roof Cover	Asph/F Gls/Cmp	
Interior Wall 1	Drywall/Sheet	

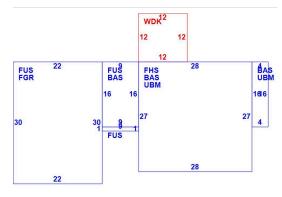
Building Photo



(PhotoHandler.ashx?pid=999&bid=999)

Interior Wall 2	
Interior FIr 1	Hardwood
Interior FIr 2	
Heat Fuel	Oil
Heat Type	Forced Air-Duc
AC Type	None
Total Bedrooms	3 Bedrooms
Full Bathrooms	2
Half Bathrooms	0
Extra Kitchen	1
Affordable	No

Building Layout



(ParcelSketch.ashx?pid=999&bid=999)

Building Sub-Areas (sq ft)		<u>Legend</u>	
Code	Description	Gross Area	Living Area
BAS	First Floor	964	964
FUS	Upper Story, Finished	813	813
FHS	Half Story, Finished	756	454
FGR	Garage	660	0
UBM	Basement, Unfinished	820	0
WDK	Deck, Wood	144	0
		4,157	2,231

Extra Features

Extra Features <u>Le</u>			<u>Legend</u>
Code	Description	Size	Assessed Value
FPL2	1.5 STORY CHIM	1.00 UNITS	\$2,800

Land

Land Use	Land Line Valuation
Land Use	Land Line Valuation

 Use Code
 1015

 Description
 INLAW

 Zone
 R20

 Neighborhood
 0065

 Size (Acres)
 0.2

 Land
 \$138,300

Outbuildings

Outbuildings <u>Le</u>			<u>Legend</u>
Code	Description	Size	Assessed Value
SHD1	SHED FRAME	80.00 S.F.	\$900

Valuation History

Assessment		
Valuation Year	Total	
2024	\$445,900	
2023	\$445,900	
2022	\$445,900	
2021	\$317,800	
2020	\$317,800	
2019	\$317,800	

2018	\$298,600
2017	\$298,600
2016	\$298,600
2014	\$270,500

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AUG 0 8 2024

TOWN OF SMITHFIELD

SMITHFIELD TOWN CLERK

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date	7/22/2024	Request Number
Name (opti	onal)	Peter Watson
Address (o)	otional)	2605 Maitland Center Parkway, Suite C
		Maitland, FL 32751
Telephone (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 F	Records: O	ur firm has been requested to research the referenced property
for any BU	ILDING PE	RMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES
on record	in any city,	town, village, or port authority.
Address: 1	7 TUCKER	RD, GREENVILLE, RI 02828
Account# 1	3-2015-49	// Owner: GEORGE MCNAMEE & STACY MCNAMEE
If these recordesire to:	rds are not re	adily 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:
-or- YES	have copi	es of the records sent by facsimile or e-mailed to: MLS@stellaripl.com
If, after review disclosure und 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

Date: <u>(1)</u> Tim	e: 9:05 Plat: 10 Lot: 61
Complaint:	
Location of Complaint: _	17 Tucker Road
Owner:	
Address:	Phone:
	Thinwing gran debn's hu clippings out Street mit take in trash cars
Investigation:	Date: 6/14/05
	asson The Straet
Investigated by:	7. Deald

PLEASE PRINT OR TYPE	BUILDING PERM	IIT APPLICA	ATION	OFFICE FILE	(LOCATION)
MUNICIPALITY Smi	thereld	NUMERICAL CO	- 1	PERMIT NO.	93-251
APPLICATION DATE 8/10/93	CENSUS TRACT 127			37) P	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 FEW	8×10'5	hod Ray	Luceman	1	
LNE TO THE TOTAL PROPERTY OF THE TOTAL PROPE	0000	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*	(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	PRIVATE SYSTEM Management PRIVATE SYSTEM	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 loregoing 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 INSTALL 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 SPARS ADDRESS / 7 /C	Icken Reach TEL NO 785 776,
9. ELECTRICAL CONTRACTOR BASED ELECTRIC ADDRESS 86 CA	LANCINE ST. PAGE 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

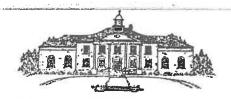
OFFICE FILE (LOCATION)

		MII APPLICA	1	//
MUNICIPALITY Smoth field		NUMERICAL C	ODE_5/	PER ATT A
APPLICATION DATE 11/27/12 CENSUS TR	RACT	FEE RECEIVED:	5 40,18	BY
1. STREET LOCATION 17 Tucken Pel.		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			itarting Date	
a course Sha a a Mara: a	ADDRESS 16TU	chen Rel	war.	TEL NO. <u>≥31-88</u> 1
9. ELECTRICAL CONTRACTOR ATT. 10. ARCH. OR ENG.	ADDRESS 75 P	Suffield St. 1	8CO Norran	88 TEL NO. 215-13
10. ARCH. OR ENG.	ADDRESS	0		TEL. NO
11. STAMPED PRINTS (Circle one) YES NO 12. RHODE I	ISLAND REG. NO.	1	3. ELECTRICIAN'S LIC NO	JSC 858
14 DESCRIPTION OF WORK TO BE PERFORMED				
	e and			
	logrady 5	Security	Syphon	
	, 0	9	DAIR	- Cherry and Cherry an
15. Service entrance voltageAmpero	7/10	Phase	1/	No. of Meters
16. Wire size (cu. or ol)			1/1/19	
17. Estimated load: Electrical Heatkw. Lig			ex. Dryer	_ Motors, H.P., Phase
18. ESTIMATED COST OF COMPLETED INSTALLATION: \$				
MUNICIPAL ELECTRICAL PERMIT FEE:			= \$	9010
CE & ADA FEE:	x .001		= \$.18
/1 & 2 FAMILY DWELLINGS LIMITED)	1 x .001	TOTAL PER	tmit fee = \$	40.18
TO CE & ADA FEE OF \$50.00 / I hereby certify that I liave the authority to	o make the foregoi	ng application, that the	application is correct a	nd 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	rusaka	
		FIFCTDICA	WIDING DEDM	T
DO NOT WRITE BEL	OW THIS LIN		L WIRING PERM	W _V ,
nspections Temporary Service	3	Date	=VN	
Roughing In			PERMI	T GRANTED
Service & Meter			DATE	11/27/12
Off Peak Meter				Λ.
Final Approval				#11
Disapproved*			в	ELECTRICAL INSPECTOR
*For the following reasons				A RECEIVED TO SECOND
		F INSPECTION	ar:	
(EKHTICAIE C	AL HARRETHOM	DATE	
To the Electric Utility Company; The installation desc	rihad ahove has has	en completed and has be		
so the Electric Othlity Company: The installation description service.	HIDEO, GROVE HOS DEE	at details, days and area and		
	54		ELECTRICAL INSPECTOR	

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>X</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	ELECTE	RIC	ODE ISLA	APPLICA	Office File					
MUNICIPALITY SMITHFIELD	ISS	UED_	11/01/2004	NU	31	1 PERMIT NO. 04-56				
APPLICATION DATE 07/25/20	004 CEI	NSUS	TRACT	51.00	_ BY					
1. STREET LOCATION 17 TUCKE	R RD			POLE	NO. or UNDERGR	ROUND NO				
2.3.4. PARCEL ID					5	. FLOOR LOCA	TION			
6. USE OF STRUCTURE PREVIOU					PR					
7Temporary X New Install										
8 OWNER MCNAMEE PATRIC	IA I ET ALS M	CNAM	EE, STACY-A1	IN & M	CNAMEE GEORG	E A	TEL. NO.			
9. ELECTRICAL CONTRACTOR JOI	E DAUTE, Rt.	44 Cl	nepachet, RI				TEL. NO	401-478-4400		
10. ARCH. OR ENG			ADDRESS				TEL. NO.			
11. STAMPED PRINTS YES NO										
14. DESCRIPTION OF WORK TO B										
Wire garage, wire apartn	nent upstairs, hea	at det	ector, sservie,	and sm	oke detector.					
15. Service entrance voltage	Amperage	,1	100	Ph	ase 1	N	lo. of Meters 1			
16. Wire size (cu. or al.)			Cor	ductor Pe	er Phase					
17. Estimated Load: Electrical Heat	k.w. Li	ights	k.w.	Range	D	ryer	Motors, H.P., Pha	se		
18. ESTIMATED COST OF COMPLET	TED INSTALLATION:	\$		100	00.00					
MUNICIPAL ELECTRICAL						= \$	50.00)		
CE & ADA FEE :	00.00 x .001 MATED COST x .001		_			= \$	1.00	1		
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00					TOTAL PERMIT F	=EE = \$	51.00)		
I hereby certify that I have the building and the undersigned a	authority to make	the fo	oregoing applica	tion, tha	at the application	is correct, a	and that the ow	ner of this		
building and the undersigned a	igree to comorni to	Jana	pplication code.	and or	dinances of the	mamorpanty				
ELECTRICAL CONTR										
DO NOT W	VRITE BELO	W TI	HIS LINE	ELEC	TRICAL WI	RING PE	RMIT			
						PERMIT G	DANTED:			
							VAINTED.			
						DATE				
						DV				
							LECTRICAL INSPI	ECTOR		
	CEI	RTII	FICATE OI	INS	PECTION					
To the Electric Utility Compa							connection to v			
To the Electric Office Compa	any. The mstallation	ucsull	ued above has be	en mape	степ ана аррготаг	is granted 10	connection to y	our service.		
						ELECTRICAL INSF	PECTOR			

Office File 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	<u> </u>									
2.3.4. PARCEL ID 10/061 5. FLOOR LC										
6. USE OF STRUCTURE PREVIOUS SINGLE FAMILY HOME PROPOSED SINGLE FAMILY HOME										
7TemporaryNew InstallationChange of Service Starting Date/ / SR										
8 OWNER MCNAMEE GEORGE A ET ALS, MCNAMEE STACY ANN & PATRICIA I JT, 17										
9. ELECTRICAL CONTRACTOR ADT LLC										
10. ARCH. OR ENG ADDRESS										
11. STAMPED PRINTS YES NO 13. CON										
14. DESCRIPTION OF WORK TO BE PERFORMED										
Upgrade security system										
15. Service entrance voltage AmperagePhase	_ 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: = \$	40.00									
CE & ADA FEE : 180.00 x.001 = \$	0.18									
(1 & 2 FAMILY DWELLINGS LIMITED) TOTAL PERMIT FEE = \$										
I hereby certify that I have the authority to make the foregoing application, that the application is correct	ct, and that the owner of this									
building and the undersigned agree to conform to all application codes and ordinances of the municipa	ity									
ELECTRICAL CONTRACTOR'S SIGNATURE										
DO NOT WRITE BELOW THIS LINE ELECTRICAL WIRING	PERMIT									
	Γ GRANTED:									
DATE_										
BY										
	ELECTRICAL INSPECTOR									
APPTIFICATE OF INCREATION										
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		TRICAL PERMIT APPLICATION						
MUNICIPALITY SMITHFIELD	ISSUED 02/22/19	89 NUMERICAL CODE 31	PERMIT NO. 2010					
APPLICATION DATE 02/22/198	CENSUS TRACT	FEE RECEIVED: \$ 25.0	0_ BY					
1. STREET LOCATION 17 TUCKER	RD	POLE NO. or UNDERGROUND NO.						
2.3.4. PARCEL ID		5. FLOOR LOC	CATION					
6. USE OF STRUCTURE PREVIOUS	SINGLE FAMILY HOME	PROPOSED SI	NGLE FAMILY HOME					
7New Installation	on X Change of Service Star	ting Date 02/22/1989 SRE	#					
8. OWNER MCNAMEE PATRICIA	I ET ALS MCNAMEE, STACY	-ANN & MCNAMEE GEORGE A	TEL. NO					
9. ELECTRICAL CONTRACTOR PASC	O ELECTRIC, 86 Clarence	Street Providence, RI	TEL. NO401-946-3684					
10. ARCH. OR ENG	ADDRESS	S	TEL. NO					
11. STAMPED PRINTS YES NO	12. RHODE ISLAND REG	G. NO 13. CONT	RACTOR'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 Phase1						
17. Estimated Load: Electrical Heat	k.w. Lightsh	k.w. Range Dryer	Motors, H.P., Phase					
18. ESTIMATED COST OF COMPLETE	D INSTALLATION: \$	600.00						
MUNICIPAL ELECTRICAL PE	ERMIT FEE:	= \$ _	25.00					
<u> </u>	0.00 x.001 ATED COST x.001	= \$	0.00					
(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00		TOTAL PERMIT FEE = \$ _						
I hereby certify that I have the au	uthority to make the foregoing app	lication, that the application is correct.	and that the owner of this					
building and the undersigned agi	ee to conform to all application co	des and ordinances of the municipalit	у					
ELECTRICAL CONTRA	CTOR'S SIGNATURE							
DO NOT WE	RITE BELOW THIS LINE	ELECTRICAL WIRING P	ERMIT					
			GRANTED:					
		DATE						
		BY						
			ELECTRICAL INSPECTOR					
	CERTIFICATE	OF INSPECTION						
-		DATE _	<u> </u>					
to the Electric Utility Company	y: The installation described above has	s been inspected and approval is granted f	or connection to your service.					
		ELECTRICAL IN	SPECTOR					

Office File MECHANICAL PERMIT APPLICATION								Office File			
MUNICIPALITY SMITHFIELD	IS	SSUED 11/01/2004	NUN	MERICAL COD)E 31	PERM	ERMIT NO. 04-568				
APPLICATION DATE 07/25/2004									-		
47 71101/											
1. STREET LOCATION 17 TUCK											
2.3.4. PARCEL ID											
6. USE OF STRUCTURE PREVIOL 7. OWNER MCNAMEE PATRICIA											
8. CONTRACTOR: AL DANTI & S											
9 ARCH. OR ENG.											
10. STAMPED PRINTS YES NO											
13. RATING OF BOILER OR FURNAC											
14. Check one: ConstructX											
16. Floor location of equipment X	Cellar	_ 1st Flr 2nd Flr	_ 3rd Flr	_ Other							
17. CAPACITY of STORAGE TANK_			_ EXISTING_			NEW	275 G	AL			
18. DESCRIPTION OF WORK TO B											
Oil fired boiler w/ 275 gallor	າ oil tank. C	One zone baseboard	heating.								
19. Estimated Cost of Labor and Ma	uterials:	4000.00							_		
MUNICIPAL MEC	HANICAL PE	RMIT FEE:					= \$	80.00			
CE & ADA FEE : 40		x .001						4.00			
/ 1 & 2 FAMILY DWELLINGS	LIMITED \	O COST x .001			ΤΩΤΛΙ	. PERMIT FEE		84.00			
TO CE & ADA FEE OF \$50.0	00)) - H (. 414-41								
I hereby certify that I have the auth building and the undersigned agree						mat the owne	er or triis				
	Tel. No										
				are of Applicant							
Installation for: Incinerators w/ or w/o Air Control. Settling Chambers. Scrubber Af		Boiler Installations. 200.000 Dwellings of 6 Units or More		or for		s. Dumbwaiters ng Devices	s. Moving :	Stairs, and certain otl	her		
This Application to Install or Renovate the must also be reviewed by:	ne above	This Application to Install or must also be reviewed by:	r Renovate the	above		olication to Insta	all or Renc	ovate the above must			
R.I. DEPT OF HEALTH DIVISION OF AIR		R.I. DEPT OF LABOR DIVISION OF OCCUPATION	NIAL SAEETV	POII ED LINIT		PT OF LABOR	TIONAL	SAFETY, BOILER UN	NIIT		
POLLUTION CONTROL Davis Street		220 Elmwood Avenue Providence, RI 02907	MAL SALETT	, BOILLIN OINTI	220 Elm	wood Avenue nce, RI 02907	TIONAL	SALETT, BOILLING	NIII		
Providence, RI 02903											
DO NO	OT WRI	ITE BELOW TH	IIS LIN	E MECH	ANIC						
						PERMIT					
						DATE					
						BY	ECHANIC	AL 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	e File	•		J	PLUMBING PERMIT APPLICATION											Office File							
MUNICIPALITY_	SMIT	HFIE:	LD	ISSUED 11/01/2004 NUMERICAL CODE 31									PEF	ERMIT NO. 04-568									
				4	CENSUS TRACT FEE RECEIVED: \$ 61.80 BY																		
1. STREET LOC														New c	r Old E	Bldg.							
3.4.5. PARCEL	ID	10/0	61														NO.		DA	ATE.	/	/	
7. USE OF ST																							_
8. OWNER MO																							
9. MASTER PLU																							
																							_
10. ARCH. OR ENG.												•											
					$\overline{}$																		
14. DESCRIPTION OF WORK TO BE PERFORMED One full bath and kitchen sink. 15. ESTIMATED COST: \$1800.00																							
Ċ 40.00																							
MUNICIPAL PLUI CE/ ADA FEE:	VIDING	FERIVI	1	800.0)0 ATED (X TPO	.001						=						\$				
(1 & 2 FAMILY TO CE & AI		LLINC	J LIIVII	IEUN	NILD (7001 7	(.00 1							ТО	TAL P	ERMIT	ΓFEE		\$.80	
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									R PLU	MBE	R'S SI	GNAT	URE										
						ER.	TEMP, PRESS VALVE VAC.BREAKER									88	NO.		BACKFLOW PREVENTERS	'n	YARD OR AREA DRAINS	∟∝	
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	WATER	SINKS	LAY. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	BOLY BOLY	MASH TUB	SLOP SIN¥	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO. WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT MASTES	ğΨ	PRESSURE BOILER	AR REG	CONNECT TO SEMER	OTHER
BASEMENT		- 00			05 05				0000							_					-		_
1ST STORY																							
2ND STORY																							
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Inspections Rough										F	PERMIT	GRAN	ITED:										
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FINAL																							
Disapproved*										E	3Y							DINIO "	ICDEC	TOP			
*For the following	reaso	ns															PLUMI	SING II	NSPEC	IUK			
											F IN												
To the Gas Compar	ıy: The	installa	ation de	escribed	above	has b	een co	mplete	d and h	nas be	en insp	ected a	nd app	roval is	grante	ed for a	connect	ion to	your se	rvice.			
		D	ATE_																				
			_			_			-	_		PI	LUMBI	NG INS	PECTO)R							

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND RITH DINC PERMIT APPLICATION

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	DUILDING PER	WILL APPLIC	AHUN	
MUNICIPALITY SMITHFIELD	ISSUED_11/01/2004	NUMERICAL COI	DE 31	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
	OT/BLOCK_061 5. FILE/PARCE			·
8. USE OF STRUCTURE: PREVIOU		PROPOSE		
	T ALS MCNAMEE, STACY-ANN & MCN			
10. CONTRACTOR (0 OR 1*) QUIGI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TEL. NO. 401-568-6527
		12.	RI CONTR.4553	
11. CONTRACTOR ADDRESS SINCE			REG. #	13. EXPIR.06/01/2005
11. CONTRACTOR ADDRESS Chepa 14. ARCH. OR ENG 15. RHODE ISLAND REG. NO			17 Certificate of	TEL. NO
18. DESCRIPTION OF WORK TO BE		Olicie olic) Tes (140)		. USE OF EACH FLOOR
	FERFORMED		18	Bsmt.
Garage with apartment over.				1st LIVING
ш				2nd
4				3rd
				Other
A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL	TYPE OF CONSTRUCTION
1 NEW STRUCTURE 2. X ADDITION TO STRUCTURE 3 INSTALLATION 4 RECONSTRUCTION 5 REPLACEMENT 6. FOLINDATION ONLY	PUBLIC	PRIVATE	(CONSTRUCTION CLA	NSS (Check one))
2X ADDITION TO STRUCTURE	1 STATE	4. X TAXABLE	1. 1A	5. 2C 9. 5A
3 INSTALLATION		5 TAX EXEMPT	2. 1B	6. 3A 10. 5B X
4 RECONSTRUCTION		- 1/W EXEMIT		7. 3B
5 REPLACEMENT	3 OTHER, SPECIFY:			8. 4
TOUTBUTTON ONE		_		
D. PROPOSED USE RESIDENTIAL 1.———————————————————————————————————	E. PROPOSED USE NON-RES	SIDENTIAL	F. RESIDENTIA	
1.—— R-1 MOTEL, HOTEL	1 A-1-A THEATERS 13.	——— I-2 INSTITUTIONAL I-2 INCAPACITATED	(COMPLETE FOR	NEW BUILDINGS AND RECONSTRUCTION) SINGLE FAMILY
2 R-2 MULTI-FAMILY		I-3 INSTITUTIONAL RESTRAINED	1 TOTA	L SINGLE FAMILY UNITS
			2 TOTA	L NO. OF BEDROOMS
4.—— R-4 One and Two Family Detac	l .	S-1 STORAGE	TOTAL # OF BAT	HS 3 FULL 4 HALF
4.— R-4 One and Two Family Detac 5.— GARAGE 6.— CARPORT 7.— MOBILE HOME 8.— SWIMMING POOL		S-2 STORAGE SWIMMING POOL		
7 MOBILE HOME		— FENCES		L NO. OF KITCHENS
8.—— SWIMMING POOL		— SIGNS		FAPARTMENTS BY NO. OF BEDROOMS
	FLOTORY	— OTHER		9. 1 10. 2
10 SIGNS	10 F-2 FACTORY (LOW HAZ)	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.	2. ELECTRICA	BUT NOT INCLUDED IN THE ABOVE COST L \$ 1000
2. REAR	3. Height of Construction Ft. 24'	WIDTH 22' DEPTH30'	3. PLUMBING	â 4000
3. LEFT SIDE	— 4. Total Floor Area Sg. Ft. w/o Basem	nent 800	4. HEATING, A	
4. RIGHT SIDE				EVATOR, ETC. \$
J. FLOOD HAZARD AREA-1.YES(2.I	NO K. TYPES OF SEWAGE DISPO	DSAL		TOTAL COST \$65200
1. Elev. (MSL) of lowest floor incl. basement	1. X PUBLIC 2	PRIVATE SYSTEM**	O. FEES	
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 J. FLOOD HAZARD AREA-1.YES 2.1 1. Elev. (MSL) of lowest floor incl. basement 2. Elev. (MSL) of 100 year flood L. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED 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	- 3INDIVIDUAL WELL	(Enter Number)	ALFRED DECO	RTE
hereby certify that I have the authority to make	the foregoing application, that the applica	ation is correct and that the o	wner of this buildin	a 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

STATE OF RHODE ISLAND

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	PLEASE PRINT OR TYPE	<u>BUILDING PERN</u>	MIT APPLIC	CATION	Office File
	MUNICIPALITY SMITHFIELD	ISSUED_09/25/1989	NUMERICAL CO	DDE31	PERMIT NO. 89-1193
ALL III	APPLICATION DATE 09/25/1989	CENSUS TRACT	FEE REC. \$	FEE	BY
-	1. STREET LOCATION 17 TUCKER F	RD		2. ZONING	G DISTRICT
-	3.4.5. PARCEL ID				REHAB CODE (Circle) Yes No
4	8. USE OF STRUCTURE: PREVIOUS_				
	9. OWNER MCNAMEE PATRICIA I ET A	LS MCNAMEE, STACY-ANN & MCNA			
á	10. CONTRACTOR CARMINE ARIOSTO			_	No TEL. NO. 401-294-3929
	11. CONTRACTOR ADDRESS				13. EXP: <i> </i>
	14. ARCH. OR ENG		S		
APPLICAN	15. LEAD LICENSE NAME		2:1		17. EXP: //
	18. RHODE ISLAND REG. NO.		Sircle one) Yes (No)		
	21. DESCRIPTION OF WORK TO BE P	ERFORMED			2. USE OF EACH FLOOR Bsmt.
2	Enclosing porch.				1st
Щ					2nd
-					3rd
+	CODE EDITION:	-			Other
4	A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL	TYPE OF CONSTRUCTION
9 9 9	1 NEW STRUCTURE	PUBLIC	PRIVATE	(CONSTRUCTION CL	, , , , , , , , , , , , , , , , , , , ,
ドミマリミシ ロミリ	2 ADDITION TO EXISTING	1 STATE	4. X TAXABLE	1. 1A	4. 2B 7. 4
7	3. X MODIFICATION TO EXISTING 4. FOUNDATION ONLY	2 CITY OR TOWN	5 TAX EXEMPT	2. 1B	5. 3A 8. 5A
Ş	4 FOUNDATION ONLY	3. OTHER, SPECIFY:		3. 2A	6. 3B 9. 5B X
∃ , II ∃ ;	D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RES	SIDENTIAL	F. RESIDENTI	AL Complete for new buildings and reconstructions
	1 R-1 HOTELS	1 A-1 THEATRES 13	3 I-1 INSTITUTIONAL SUPERVISED	TOT	SINGLE FAMILY
AMD	2 R-2 APARTMENTS	2 A-2 RESTAURANT/ NIGHT CLUB 14	4. I-2 INSTITUTIONAL INCAPACITATED		AL SINGLE FAMILY UNITS AL NO. OF BEDROOMS
_	3 R-3 One and Two Family Attached	3 A-3 ASSEMBLY 15	5 I-3 INSTITUTIONAL RESTRAINED		THS 3. FULL 4. HALF
PRIATE ITELS	4 R-4 ASSISTED LIVING 9-16	4 A-4 ARENAS 16 5 B BUSINESS 17	6 I-4 INSTITUTIONAL DAYCARE 7 M MERCANTILE	- TOT-	MULTI-FAMILY
=	5 GARAGE 6 CARPORT	6 F-1 FACTORY(mod haz) 18			AL NO. OF KITCHENS THS 6. FULL 7. HALF
Ŧ	7 MANUFACTURED HOME	7 F-2 FACTORY(low haz) 19	9. S-2 STORAGE LOW HAZARD		F APARTMENTS BY NO. OF BEDROOMS
-	8 SWIMMING POOL	8 H-1 HIGH HAZARD 20	D U UTILITY MISCELLANEOUS	8. Effic	9. 1 10. 2
_	9. X One and Two Family Detached	DELETION TO THE	1 OTHER SPECIFY	11. 3	12. 4 13. 5 DRE, Please Specify
	10 FIREPLACE 11 OTHER	11. H-4 HIGH HAZARD CORROSIVE TOXIC		15 TC	TAL NUMBER OF BUILDINGS IN PROJECT
2	SPECIFY	12. H-5 HIGH HAZARD - HPM 22	2 MIXED USE	I ESTIMATED	COST MATERIAL AND LABOR
Ξ	G. FOUNDATION SETS BACK	H. DIMENSIONS		1. GENERAL	
Ů	FROM PROPERTY LINES	1. No. of Stories 2. B	acoment: Ves No Y		D BUT NOT INCLUDED IN THE ABOVE COST
1	1. FRONT		MAX. MAX.	2. ELECTRICA	^
3	2. REAR	3. Height of Construction Ft.		3. PLUMBING 4. HEATING, A	7(IVD II II IVO
,	3. LEFT SIDE	4. Total Floor Area Cr. 51 (C.D.	ant	5. FIRE SUPP	WIT OOND. 5
	4. RIGHT SIDE	4. Total Floor Area Sq. Ft. w/o Basem	HEIIL	6. OTHER, EL	EVATOR, ETC. \$0
3	J. FLOOD HAZARD AREA-1.YES(2.NC)	K. TYPES OF SEWAGE DISPO)SAL		TOTAL COST \$3500
•	1. Elev. (MSL) of lowest	1 PUBLIC 2	PRIVATE SYSTEM	O. FEES	
2	floor incl. basement	3. ISDS NO	DATE _ <i> </i>	RADON FEE	\$
ê	100 year flood			MUNICIPAL BUI CE/ADA FEE	LDING PERMIT FEE \$ 0.00
AND COST OF BUILDING - PLEASE CHECK APPRO	L. NUMBER OF OFF-STREET	M. TYPE OF WATER SUPPLY			\$
-	PARKING SPACES	1 PUBLIC	State Approval Required 1. INCINERATOR		DTAL PERMIT FEE \$ 0.00 LLING LIMITED TO CE /ADA FEE OF \$50.00
	1. ENCLOSED	2 PRIVATE	2. ELEVATOR		UILDING OFFICIAL'S SIGNATURE
	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.

APPLICANT'S SIGNATURE ______ DATE ______ TEL. NO. ______ C8926

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND

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	FLEASE FRINT OR TIFE	<u>BUILDING PERN</u>	MIT APPLIC	ATION	Office File
ALL ITEMS	MUNICIPALITY SMITHFIELD	ISSUED_08/10/1993	NUMERICAL CC	DE31	PERMIT NO. 93-251
Щ	APPLICATION DATE 08/10/1993	CENSUS TRACT	FEE REC. \$ 15.8	BO FEE	BY
	1. STREET LOCATION 17 TUCKER F			2. ZONIN	
COMPLETE	3.4.5. PARCEL ID				REHAB CODE (Circle) Yes (No)
	8. USE OF STRUCTURE: PREVIOUS_				
8	9. OWNER MCNAMEE PATRICIA I ET AI				
	10. CONTRACTOR ANNETTE SPARKS, 8				No TEL. NO. 401-934-0079
Ę		400050			13. EXP: <i> </i>
3	14. ARCH. OR ENG.		S		TEL. NO 17. EXP: //
APPLICANT TO	15. LEAD LICENSE NAME18. RHODE ISLAND REG. NO.		Sircle one) Ves No		
7	21. DESCRIPTION OF WORK TO BE P		Sircle offe) Tes (140)		2. USE OF EACH FLOOR
Ė	8'x10' replacement shed.	LIN ONWED			Bsmt.
Ē	oxio replacement chea.				1st
¥					2nd
Ξ					3rd
Ē	CODE EDITION:	D OWNEDOUS		0.0000000000000000000000000000000000000	Other
DATA	A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL	TYPE OF CONSTRUCTION
	1X NEW STRUCTURE	PUBLIC	PRIVATE	(CONSTRUCTION CL	
Œ	2. ADDITION TO EXISTING	1 STATE	4. X TAXABLE	1. 1A	4. 2B 7. 4
Н	MODIFICATION TO EXISTING FOUNDATION ONLY	2 CITY OR TOWN	5 TAX EXEMPT	2. 1B	5. 3A 8. 5A
REQUESTED	, , , , , , , , , , , , , , , , , , , ,	3 OTHER, SPECIFY:		3. 2A	6. 3B 9. 5B <u>X</u>
ENTER	D. PROPOSED USE RESIDENTIAL	E. PROPOSED USE NON-RES	IDENTIAL	F. RESIDENT	AL Complete for new buildings and reconstructions
	1 R-1 HOTELS	1 A-1 THEATRES 13	3 I-1 INSTITUTIONAL SUPERVISED	1 TOT	SINGLE FAMILY AL SINGLE FAMILY UNITS
AND	2 R-2 APARTMENTS	2 A-2 RESTAURANT/ 14	4. I-2 INSTITUTIONAL		AL NO. OF BEDROOMS
	3 R-3 One and Two Family Attached		5. I-3 INSTITUTIONAL RESTRAINED		THS 3 FULL 4 HALF
į	4 R-4 ASSISTED LIVING 9-16 5 GARAGE		6. I-4 INSTITUTIONAL DAYCARE 7. M MERCANTILE	5 TOT	MULTI-FAMILY AL NO. OF KITCHENS
PRIATE ITEUS	6 CARPORT	6 F-1 FACTORY(mod haz) 18			THS 6. FULL 7. HALF
V	7 MANUFACTURED HOME	7 F-2 FACTORY(low haz) 19	9. S-2 STORAGE LOW HAZARD	TOTAL NO. (OF APARTMENTS BY NO. OF BEDROOMS
K	8 SWIMMING POOL	8. H-1 HIGH HAZARD 20	D U UTILITY MISCELLANEOUS	8. Effic	_ 9. 1 10. 2 _ 12. 4 13. 5
2	9 One and Two Family Detached 10 FIREPLACE	DELEAGRATION	1 OTHER SPECIFY		ORE, Please Specify
	11. X OTHER	11 H-4 HIGH HAZARD CORROSIVE TOXIC		15 то	OTAL NUMBER OF BUILDINGS IN PROJECT
ÇĶ	SPECIFY	12 H-5 HIGH HAZARD - HPM 22	2 MIXED USE	I. ESTIMATED	COST MATERIAL AND LABOR
CHECK APP	G. FOUNDATION SETS BACK	H. DIMENSIONS		1. GENERAL	
SE	FROM PROPERTY LINES	1. No. of Stories 2. B.	asement: Yes No X		D BUT NOT INCLUDED IN THE ABOVE COST AL
- PLEASE	1. FRONT		MAX. MAX.	2. ELECTRIC 3. PLUMBING	AL \$ 0 GAND PIPING \$ 0
=	2. REAR	3. Height of Construction Ft.	WIDTH DEPTH	4. HEATING,	
	3. LEFT SIDE 4. RIGHT SIDE	4. Total Floor Area Sq. Ft. w/o Basem	ent	5. FIRE SUPF	
OF BUILDING		K TYDES OF SEMMOT DISPO	76VI	6. OTHER, EL	LEVATOR, ETC. \$0
BUI	J. FLOOD HAZARD AREA-1.YES(2.N)	K. TYPES OF SEWAGE DISPO		O. FEES	TOTAL COST \$800_
96	Elev. (MSL) of lowest floor incl. basement	1 PUBLIC 2		RADON FEE	\$ 0.00
	2. Elev. (MSL) of 100 year flood	3. ISDS NO	DATE		ILDING PERMIT FEE \$ 15.00
AND COST	L. NUMBER OF OFF-STREET	M. TYPE OF WATER SUPPLY	N. EQUIPMENT	CE/ADA FEE	\$
9	PARKING SPACES	1 PUBLIC	State Approval Required	то	OTAL PERMIT FEE \$ 15.80
	1. ENCLOSED	2 PUBLIC 2 PRIVATE	1. INCINERATOR	1 & 2 FAMILY DWE	LLING LIMITED TO CE /ADA FEE OF \$50.00 BUILDING OFFICIAL'S SIGNATURE
TYPE	2. OUTDOORS		2. ELEVATOR (Enter Number)		ST. ISHES SISSIFICIAL
		3INDIVIDUAL WELL		1	

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.

Subject: APRA - 17 Tucker Road

Peter,

Below is information from the Building Official:

Building Department response to this APRA including also a Zoning Variance recorded in OPAL, as follows.

Variance # 04-040, App: 4-26-2004, Appr: 7-06-2004, Exp: 07-06-2005: APPROVED: PERMISSION TO CONSTRUCT A TWO-CAR GARAGE WITH AN ACCESSORY FAMILY DWELLING UNIT ABOVE THE GARAGE. THERE WILL BE A SINGLE FRONT ENTRANCE AND THE IN-LAW WILL BE ACCESSIBLE ONLY FROM WITHIN THE HOME. THE APPLICANT REQUESTED AN AMENDMENT TO THE APPLICATION IN ORDER TO SEEK SEVENTEEN FEET OF RELIEF FROM THE FRONT YARD SETBACK REQUIREMENT RATHER THAN THE FIFTEEN FEET SOUGHT IN THE APPLICATION.



Smithfield Sewer - RI

Smithfield Sewer - RI 64 Farnum Pike

Smithfield, RI 02917 401-233-1014

Bill Information



Taxpayer Information					
Bill #	2023-6-0005306 (SEWER USAGE)	Town Benefit			
Unique ID	19-2404-00	Elderly Benefit			
District/Flag					
Name	MCNAMEE GEORGE A ET ALS	Assessment	0		
Care of/DBA	MCNAMEE STACY ANN & PATRICIA I JT	Exemption	0		
Address		Net	0		
Detail Information	17 TUCKER RD				
Volume/Page			Town 0.0		
		Mill Rate			

Bill Information As of 08/16/2024						
Installment	Due Date	Tax	District		Total Due	
Inst #1	09/30/2023	100.00			T (D) (D 1D	
Inst #2	12/31/2023	100.00			Tax/ Princ/ Bond Due	200.00
Inst #3	03/31/2024	100.00			Interest Due	
Inst #4	06/30/2024	100.00				
Total Adjustments		0.00			Lien Due	
Total Installment -	⊦ Adjustment	400.00			Fee Due	0.00
Total Payments		200.00			Total Due Now	210.25
			Balance Due	210.25		

*** Note: This is not a tax form, please contact your financial advisor for information regarding tax reporting. ***

Payment History								
Payment Date	Туре	Tax/Principal/Bond	Interest	Lien	Fee	Total		
03/13/2024	PAY	200.00	21.68	0.00	0.00	221.68		

*** Total payments made to taxes in	2023	\$0.00