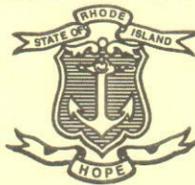


Mail Application To:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC SAFETY



JOINT COMMITTEE ON THE  
REHABILITATION BUILDING  
AND FIRE CODE

2 Regan Court  
Mathias Building # 56  
Cranston, RI 02920

JOINT COMMITTEE ON THE REHABILITATION  
BUILDING AND FIRE CODE

YOUR HEARING HAS BEEN  
ASSIGNED AS FOLLOWS:

DATE \_\_\_\_\_

TIME \_\_\_\_\_

NUMBER \_\_\_\_\_

**1. LOCATION OF PROPERTY:**

NUMBER OF STREET OR POLE \_\_\_\_\_ NAME OF STREET \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ASSESSOR'S LOT AND PLAT NUMBER (IF ADDRESS IS UNAVAILABLE) \_\_\_\_\_

**2. PREVIOUS VARIANCES GRANTED:**  
(CHECK ONE)

- NO PREVIOUS CODE VARIANCES
- VARIANCES WERE PREVIOUSLY GRANTED BY THE BOARD

IN CASE NO.         ON          
(BOARD'S FILE NUMBER) (DATE)

**3. INSPECTION OR PLAN REVIEW COVERING  
PROPERTY: (CHECK ONE)**

- NO PREVIOUS INSPECTION OR PLAN REVIEW
- INSPECTION  PLAN REVIEW WAS CONDUCTED

ON \_\_\_\_\_  
(DATE)

BY \_\_\_\_\_  
(NAME OF STATE OR LOCAL AUTHORITY)

**4. HAS THE STATE OR LOCAL AUTHORITY  
REFUSED A PERMIT?  YES  NO**

**5. EXISTING BUILDING DATA:**

A.  PRESENT  PROPOSED USE  
OR OCCUPANCY OF \_\_\_\_\_

B. THIS BUILDING HAS A MAXIMUM OCCUPANCY OF \_\_\_\_\_ PEOPLE

C. TOTAL NUMBER OF STORIES ABOVE THE BASEMENT IS \_\_\_\_\_

**6. WAS THIS BUILDING CERTIFIED AS A HISTORICAL  
BUILDING? IF YES, WHEN? \_\_\_\_\_  
BY WHOM? \_\_\_\_\_**

MAILING ADDRESS OF APPLICANT (PLEASE PRINT)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**7. SECTION OF THE FIRE CODE UNDER  
WHICH A VARIANCE IS SOUGHT AND  
GROUNDS FOR VARIANCE REQUEST:**

(CODE SECTION) (REASON / EXPLANATION)

1.

2.

3.

4.

5.

(USE A SEPARATE SHEET IF NECESSARY)

**8. CERTIFICATION BY APPLICANT**

I, the undersigned owner  or authorized representative  do hereby petition the Joint Committee on the Rehabilitation Building and Fire Code for variance(s) from the Code for the reasons outlined in Section 7 above. I understand that, as a condition of the requested variance(s), an overall plan of safety for this facility shall be developed by the Joint Committee. I certify that I have the authority to appear before the Joint Committee and testify on behalf of the owner(s) of this facility and to legally bind the owner(s) to the overall plan of safety developed by the Joint Committee for this facility. I have reviewed this entire application and believe the contents to be true and accurate.

I HAVE ENCLOSED ALL COPIES OF THE APPLICATION.

I HAVE ENCLOSED THE MOST RECENT INSPECTION OR PLAN REVIEW REPORT.

I HAVE ENCLOSED THE NON-REFUNDABLE FILING FEE CALCULATED IN ACCORDANCE WITH R.I.G.L. 23-29.1-4(a) AND THE SQUARE FOOTAGE OF THIS BUILDING AS CERTIFIED BY THE LOCAL AUTHORITY. (CHECKS PAYABLE TO THE STATE OF RHODE ISLAND.)

(SIGNATURE OF APPLICANT)

(DATE)

**9. TOTAL SQUARE FOOTAGE AS CERTIFIED  
BY THE LOCAL AUTHORITY IS : \_\_\_\_\_.**

(SIGNATURE OF LOCAL AUTHORITY)