

Mail Application To:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
PUBLIC SAFETY



Fire Safety Code  
BOARD OF APPEAL AND REVIEW

Fire Safety Code Board  
of Appeal & Review  
Mathias Building # 56  
12 Halligan Road  
Cranston, RI 02920

YOUR HEARING HAS BEEN  
ASSIGNED AS FOLLOWS:

DATE \_\_\_\_\_

TIME \_\_\_\_\_

NUMBER \_\_\_\_\_

**1. LOCATION OF PROPERTY:**

Street Address of property

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

City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

- NO PREVIOUS FIRE 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 of inspection  
(DATE)

BY \_\_\_\_\_ Name of Fire Marshal  
(NAME OF STATE OR LOCAL FIRE AUTHORITY)

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

**5. EXISTING OR PROPOSED BUILDING DATA:**

- A. THIS IS AN  EXISTING  PROPOSED BUILDING
- B.  PRESENT  PROPOSED USE  
OR OCCUPANCY OF \_\_\_\_\_ Type of Occupancy \_\_\_\_\_
- C. THIS BUILDING HAS A MAXIMUM OCCUPANCY OF \_\_\_\_\_ # PEOPLE
- D. TOTAL NUMBER OF STORIES ABOVE THE BASEMENT IS \_\_\_\_\_ #

**6. DISTANCE TO NEAREST FIRE STATION**  
# \_\_\_\_\_ MILES

MAILING ADDRESS OF APPLICANT (PLEASE PRINT)

NAME Name of Applicant / Owner

ADDRESS Address of Applicant / Owner

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

TELEPHONE # \_\_\_\_\_ Contact # of Applicant / Owner

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

(CODE SECTION) (REASON / EXPLANATION)

1. ##-##-##

Include relief requested

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 FIRE SAFETY CODE BOARD OF APPEAL AND REVIEW FOR VARIANCE (S) FROM THE FIRE SAFETY CODE FOR THE REASONS OUTLINED IN SECTION 7 ABOVE. I UNDERSTAND THAT, AS A CONDITION OF THE REQUESTED VARIANCE (S), AN OVERALL PLAN OF FIRE SAFETY FOR THIS FACILITY SHALL BE DEVELOPED BY THE BOARD. I CERTIFY THAT I HAVE THE AUTHORITY TO APPEAR BEFORE THE BOARD AND TESTIFY ON BEHALF OF THE OWNER(S) OF THIS FACILITY AND TO LEGALLY BIND THE OWNER(S) TO THE OVERALL PLAN OF FIRE SAFETY DEVELOPED BY THE BOARD 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. 23-28 3-5(b) AND THE SQUARE FOOTAGE OF THIS BUILDING AS CERTIFIED BY THE FIRE MARSHAL. (CHECKS PAYABLE TO THE STATE OF RHODE ISLAND.)

Signature of Applicant / Owner \_\_\_\_\_ Date \_\_\_\_\_

(SIGNATURE OF APPLICANT) (DATE)

**9. TOTAL SQUARE FOOTAGE AS CERTIFIED BY THE FIRE MARSHAL IS : # \_\_\_\_\_.**

Signature of Fire Marshal \_\_\_\_\_ Date \_\_\_\_\_

(SIGNATURE OF FIRE MARSHAL) (DATE)