

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:

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 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)

BY _____
(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 _____

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 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____

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 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)

(DATE)

9. TOTAL SQUARE FOOTAGE AS CERTIFIED BY THE FIRE MARSHAL IS : _____.

(SIGNATURE OF FIRE MARSHAL)

(DATE)