

FEB 10 2025

CITY OF PROVIDENCE
BUILDING BOARD OF REVIEWAPPLICATION APPEALING THE DECISION OF THE BUILDING OFFICIAL, OR
FOR A VARIATION OR MODIFICATION FROM CERTAIN SECTIONS OF THE RI STATE BUILDING CODE

Check Type of Building Board Application:

- ☒ Variance – variation from, or modification of, certain sections of the RI State Building Code
☐ Appeal of a decision of the Building Official

If a section of the application is not applicable, please indicate this by using N/A in that field.

Applicant: Ambiorix D Martinez Caba Applicant Mailing Address
Email: ambiorix401@gmail.com Street: 29 Ruskin Street
Phone: 401-626-9591 City, State, Zip: Providence, RI 02907

Owner: Ambiorix D Martinez Caba Owner Mailing Address
Email: ambiorix401@gmail.com Street: 29 Ruskin Street
Phone: 401-626-9591 City, State, Zip: Providence, RI 02907

Appellant: Ambiorix D Martinez Caba Appellant Mailing Address
Email: ambiorix401@gmail.com Street: 29 Ruskin Street
Phone: 401-626-9591 City, State, Zip: Providence, RI 02907

Attorney: _____ Attorney Mailing Address
Email: _____ Street: _____
Phone: _____ City, State, Zip: _____

1. Subject Department of inspection + Standards Permit Number: BLDG-24-1126
2. Street Address of Subject Property: 29 Ruskin Street
Assessor's Plat and Lot Numbers of Subject Property: Plat 52 Lot 517
3. Base Zoning District(s): R-2
Overlay District(s): None

4. Date owner purchased the Property: 10/16/2018

5. Building construction type(s): Wood frame built in 1920

6. Dimensions of each lot:
Lot # 517 Width 50 Depth 100 Total area 5000 sq. ft.
Lot # _____ Width _____ Depth _____ Total area _____ sq. ft.

7. Size of existing structure(s) located on the Property:

<u>Principal Structure:</u>	<u>Accessory Structure:</u>
Area of Footprint <u>1449</u>	Area of Footprint _____
Overall Height <u>30 est</u>	Overall Height _____
# of Stories <u>2</u>	# of Stories _____

8. Size of proposed structure(s) located on the Property:

<u>Principal Structure:</u>	<u>Accessory Structure:</u>
Area of Footprint _____	Area of Footprint _____
Overall Height _____	Overall Height _____
# of Stories _____	# of Stories _____

9. Present Legal Zoning Use of the Property: R-2

10. Proposed Zoning Use of the Property: R-2 with finish basement

11. Number of Parking Spaces:

of existing spaces 4 # of proposed spaces _____

12. Are there outstanding violations concerning the Property under any of the following:

☒ Providence Zoning Ordinance ☐ RI State Building or Property Maintenance Code(s)

13. Summarize all changes proposed for the Property (use, construction/renovation, site alteration):

Requesting a variance to legalize the finish basement which includes a full bathroom, an art room, a work out room and the storage area. Space is only use by owner.

14. If application is for variance, list RI State Building Code Sections from which a variance is sought:

<u>Section Number</u>	<u>Section Title + Required relief (e.g. dimensional deficiency of 6" on a landing)</u>
<u>R310.1</u>	<u>Finish basement will not include any sleeping areas</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTIONS 15 AND 16 TO BE ANSWERED ONLY IF APPLICATION IS AN APPEAL

15. IF application is an appeal of a decision of the Building Official, please indicate if:

- ☒ Appellant is the Owner of the subject Property
☐ Appellant is an aggrieved party that is not the Owner of the subject Property

16. IF application is an appeal of a decision of the Building Official, please indicate the grounds for the appeal:

Finish basement will not include any sleeping room. Tenant does not have access to the basement and the space is solely use by the owner.

IF MORE ROOM IS NEEDED TO ANSWER ANY OF THE ABOVE QUESTIONS, PLEASE SUBMIT AN ADDENDUM TO THIS APPENDIX WITH COMPLETE RESPONSES.

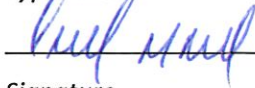
The undersigned acknowledge(s) and agree(s) that members of the Building Board of Review and its staff may enter upon the Property in order to view the Property prior to any hearing on the application.

The undersigned further acknowledge(s) that the statements herein and in any attachments or appendices are true and accurate, and that providing a false statement in this application may be subject to criminal and/or civil penalties as provided by law, including prosecution under the State and Municipal False Claims Acts. Owner(s)/Applicant(s) are jointly responsible for any false statements.

Owner(s):

Ambiorix D Martinez Caba

Type Name



Signature

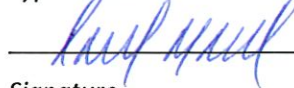
Type Name

Signature

Applicant(s)/Appellant(s):

Ambiorix D Martinez Caba

Type Name



Signature

Type Name

Signature

All applicable requirements listed and described on the Instruction Sheet shall be met or this application will not be considered complete.

Please contact the Office of the Boards of Review with questions:

Telephone – 401-680-5375

Email – bsath@providenceri.gov

A fillable PDF copy of this document can be found online at the Boards of Review webpage linked from the Department of Inspection + Standards: <https://www.providenceri.gov/inspection-standards/>

NOTICE OF REFUSAL OF PERMIT APPLICATION	CITY OF PROVIDENCE DEPT OF INSPECTIONS AND STANDARDS 444 Westminster Street -Providence, RI. 02903 Joseph A. Doorley – Municipal Building		APPLICATION DATE 08/29/2024	APPLICATION NO. BLDG-24-1126
			DATE OF REFUSAL 11/25/2024	A P P E A L F E E \$440
LOCATION 29 Ruskin St. Providence, RI 02907		PAGE NUMBER 1 of 1		
APPLICANT Rosamy Nouel	TITLE Applicant	ADDRESS 41 Highland Ave, North Providence, R.I. 02911		
PROPERTY OWNER'S NAME Ambiorix D Martinez Caba		PROPERTY OWNER'S FULL ADDRESS 29 Ruskin St, Providence, RI 02907		
THE APPLICATION FOR A CERTIFICATE OF OCCUPANCY FOR THE ABOVE LOCATION HAS BEEN REFUSED BECAUSE THE PROVISIONS OF THE RHODE ISLAND STATE CODE HAVE NOT BEEN COMPLIED WITH IN THE FOLLOWING PARTICULARS.				
SCOPE OF PERMIT: For interior alteration to create habitable space in the existing basement of an existing two-family dwelling.				
BUILDING DESCRIPTION: <u>Three (3) story, existing detached structure.</u>				
USE GROUP(S): <u>R-3 – Two dwelling units</u>		TYPE OF CONSTRUCTION: <u>V-B (Existing)</u>		
LOCATION OF SPRINKLERS (IF ANY): <u>N/A</u>		C.O. REQUIRED: <u>YES</u>		
<u>FLOOR AREAS / USES</u> Basement: 1435 Square Feet / Habitable space First Floor: 1449 Square Feet / one unit Second Floor: 1449 Square Feet / one unit Attic: 358 Square Feet / N/A				
Has the proposed scope of work been completed? <input type="radio"/> Yes <input checked="" type="radio"/> No Has a violation been noted for this property? <input checked="" type="radio"/> Yes <input type="radio"/> No				
<u>RISBC-2 Rhode Island State One and Two Family Dwelling Code (510-RICR-00-00-1)</u>		<u>CODE SECTIONS AND REASONS FOR REFUSAL</u>		
Section R310.1		Emergency escape and rescue required. Basements with habitable space and every sleeping room shall have at least one (1) openable emergency escape and rescue window or exterior door opening for emergency escape and rescue, per R310.2.		
**		Whereas, No Emergency escape and rescue window is provided.		

Discipline: --Building Code--

Signed


Yaniv Gal
Senior Plan Examiner

Signed


Johnny Suarez
Building Official

☒ Applicant ☐ Property Owner

INSPECTION & STANDARDS
RECEIVED

FEB 10 2025

