

# CITY OF PROVIDENCE BUILDING BOARD OF REVIEW

DEPARTMENT OF INSPECTION + STANDARDS

780 Allens Avenue

Providence, Rhode Island 02905

## APPLICATION APPEALING THE DECISION OF THE BUILDING OFFICIAL, OR FOR A VARIATION OR MODIFICATION FROM CERTAIN SECTIONS OF THE RI STATE BUILDING CODE

### INSTRUCTIONS

#### ▪ **General application requirements:**

- Applications to the Building Board shall be typewritten.<sup>1</sup>
- Applications must be signed by the Applicant and the Owner, and ALL sections of the application must be completed.
- If an application is for a variation of certain sections of the RI State Building Code, the Applicant/Owner must first apply for an applicable permit with complete project documentation as required by the Building Official.
- Applications to the Building Board for a variation from building code requirements must be accompanied by a formal denial of the permit and associated signed documentation of deficiencies from the Building Official or Plans Examiner.
- NOTE - A Building Board approval **does not** address regulations of zoning, fire safety codes, ADA (federal requirements), DEM, or CRMC. Thus, Building Board approval does not indicate that you will receive a permit following a Building Board grant.

#### ▪ **Professional representatives:**

While the Building Board of Review neither recommends for nor against the hiring of a person skilled in architecture or engineering, the Board does caution all applicants that building codes can be complex for an individual with no expertise in the area. *\*\*Building Board members and staff are not permitted to make referrals or recommend any specific architect, engineer, draftsman, etc.*

### CHECKLIST OF DOCUMENTATION REQUIRED WITH APPLICATION

An application will not be considered complete unless all of the following are submitted WITH your application:

#### PLANS

- Five (5) complete sets of scaled plans (preferably 11x17 sized sheets) with all applicable dimensions and notes legibly notated (e.g. scaled architectural drawings of the proposed building(s) or alteration(s); site plans; parking plans, landscaping plans, etc.). Plans should detail exactly what you intend to do.
- **All plans must be signed by the author and include their full name, address and telephone number. If the Building Official requires, these plans should be authored and stamped by a registered architect or engineer.**

#### DOCUMENTATION OF DEFICIENCIES

The formal documentation of deficiencies which is the basis for denial of the Building Official's approval of a permit application, or as provided by the Building Official to an applicant following a pre-permit application review. This document should be signed and dated by the Building Official or Designated Plans Examiner and should include the specific code sections that are out of compliance.

FILING FEE - \$440.00 – Make check payable to: PROVIDENCE CITY COLLECTOR – D.I.S.

<sup>1</sup> Handwritten applications will not be accepted. However, the City abides by the Americans with Disabilities Act and will provide assistance to those who are disabled thereunder.

**CITY OF PROVIDENCE  
BUILDING BOARD OF REVIEW**

**APPLICATION 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:** \_\_\_\_\_ **Applicant Mailing Address**  
**Email:** \_\_\_\_\_ **Street:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

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**Owner:** \_\_\_\_\_ **Owner Mailing Address**  
**Email:** \_\_\_\_\_ **Street:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

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**Appellant:** \_\_\_\_\_ **Appellant Mailing Address**  
**Email:** \_\_\_\_\_ **Street:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

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**Attorney:** \_\_\_\_\_ **Attorney Mailing Address**  
**Email:** \_\_\_\_\_ **Street:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

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1. **Subject Department of inspection + Standards Permit Number:** \_\_\_\_\_
2. **Street Address of Subject Property:** \_\_\_\_\_  
**Assessor's Plat and Lot Numbers of Subject Property:** \_\_\_\_\_
3. **Base Zoning District(s):** \_\_\_\_\_  
**Overlay District(s):** \_\_\_\_\_

4. Date owner purchased the Property: \_\_\_\_\_

5. Building construction type(s): \_\_\_\_\_

6. Dimensions of each lot:

Lot # _____	Width _____	Depth _____	Total area _____ 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 _____	Area of Footprint _____
Overall Height _____	Overall Height _____
# of Stories _____	# 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: \_\_\_\_\_

10. Proposed Zoning Use of the Property: \_\_\_\_\_

11. Number of Parking Spaces:

# of existing spaces \_\_\_\_\_ # 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):

\_\_\_\_\_

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

Section Number    Section Title + Required relief (e.g. dimensional deficiency of 6" on a landing)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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:**

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**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):**

**Applicant(s)/Appellant(s):**

\_\_\_\_\_  
*Type Name*

\_\_\_\_\_  
*Type Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type Name*

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*Type Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*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](mailto: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/>**