CITY OF PROVIDENCE

BUILDING BOARD OF REVIEW

	Date:		
To the Building Board of Review:			
Petition for variation or modification of Island State Building Code:	f the application of c	ertain provisions o	f the Rhode
Owner:	T	el. No	
Address:		Zip Code	e
Applicant:	Tel. No		
Address:		Zip Code	e
Lessee:		Tel. No	
Address:		Zip Code	e
Location of subject property:			
2. Assessor's Plat(s)			
3. Dimensions: Lot # frontage			
Lot # frontage	depth	area	sq. ft.
Lot # frontage	depth	area	sq. ft.
4. Zoning District(s):	_, Overlay District:		
5. Present Use of Premises (each lot):			
6. Legal Use of Premises as recorded in the D	epartment of Inspec	tion & Standards:	
7. Proposed Use of Premises			
8. Type of Construction			
9. Are the Premises located within the Histor	ic District: Yes	No	
If yes, have the plans been approved by the	Providence Historic	District Commiss	ion?
Yes No			
10. Are there outstanding violations concerning	g the:	State Building Code	е
	Zon	ing Ordinance	
	∐Ноι	ising Code	

11. The undersigned hereby applies for a varequirements of the following Section(s	riation or modification of the application of the) or Table(s):
12. State briefly the proposed change of use modifications sought. Be specific as to necessary.)	or alterations and explain the variations or the uses within the building. (Use additional sheets if
Respectfully submitted,	
Signature(s) of Property Owner(s):	Signature(s) of Applicant(s):
Address:	Address:
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Please Note: Unless all requirements listed on the instruction sheet are complied with, this application will not be accepted.