

Town of Foster

Est. 1781

181 Howard Hill Road · Foster, RI 02825 Phone: (401)392-9200 · Fax: (401)702-5010

Building Permit Requirements

Building permits shall not be issued for new single family, multi-family, commercial or manufacturing buildings unless all the requirements listed have been complied with. Before a permit may be obtained, the applicant must stake out and mark all property corners of the lot and must stake out and mark the corners of proposed building to be constructed, in the case of installation of a septic system that must also be staked out so that officials may check all the offset distances from the pertinent areas to the property lines. A site inspection will not be performed unless this is done.

No excavation or construction may begin prior to the issuance of a building permit.

Plot plans must be submitted to the Building Official prior to any site inspection with the following information:

- Plot plan must show complete property, the location of proposed building and offset distances to the property lines in addition to the Assessor's plat and lot number.
- 2) Proposed use of building with the owner's name, present address and telephone number.
- 3) Driveway release (state or local), applications may be obtained at the Building Officials office.
- 4) State of Rhode Island approved I.S.D.S. with site plan.
- 5) Two complete sets of plans, showing engineering details, when required. If a modular home is being constructed then the plans must be stamped approved by the State of Rhode Island.
- 6) Fire Department Stamp of Approval on both sets of plans, for Smoke and Carbon Detector Locations.
- 7) Land divisions will require a registered survey and a written copy of the Planning Boards approval to obtain a permit.
- 8) Soil Erosion control plan if applicable.
- 9) Contractor's registration number.
- 10) Copy of the property owner's deed

<u>Design and Construction Procedures – Contractors/Owners Responsibilities RIGL 23-27.3-128.0</u>

Date:	Property Location: Plat:	Lot:
Owner's Name:		
Address:		
Phone#:		
approved and on f 2. I will assu accordance with a	ure that all work will be performed in accordance file with the Building Official's Office. ure that all work will be performed in a safe and all applicable local, state and federal statutes and the necessary professionals to perform the form	satisfactory manner and in I regulations.
	ed by the project architect and/or engineer.	Ç
Signature:	Date	:
Please Check On	e:	
I, as the owner of services.	the above described project, will be responsible	for providing the above listed
I, as the contractor listed services.	r and designated agent for the owner, will be res	sponsible for providing the above
Contractor Inform	nation:	
Name:		
Company Name:		
Address:		
Phone#		
Rhode Island Co	ntractor's Registration Number:	(This IS REQUIRED)

This is an acknowledgement that we are aware that the following inspections are required and must be coordinated with the Building Official/Inspector at least Twenty-Four (24) Hours in advance.

- 1. Excavation (when foundation is excavated) prior to the concrete being poured for footings and foundation.
- 2. Foundation (always) when plans call for reinforcing rods or rods are required by this office.
- 3. Rough Framing (before insulation is applied and before interior walls are covered).
- 4. After insulation is installed prior to sheetrock.
- 5. Electrical (before interior walls are covered).
- 6. Plumbing (before interior walls are covered joints under slabs must be open for inspection).
- 7. After sheetrock is installed. Before plastering or taped & compound.
- 8. <u>Energy Certificate</u>: Completed and Signed; along with <u>Blower Door Test</u> and signed by Contractor performing tests.
- 9. Final Inspection (when structural electrical, plumbing and mechanical are completed and before structure is occupied). You must have your:

 CERTIFICATE OF CONFORMANCE FROM RIDEM AND YOUR FIRE CHIEFS APPROVAL.

The Building permit does not cover electrical, plumbing or mechanical work. This requires separate permits which must be taken out at the Building Officials office.

Permits may be by appointment only if the work load requires it.

Failure on the part of the owner or contractor to obtain the required permits would result in a **stop work order and a fine**, to be determined by the Building Official's office. Failure on the part of the owner or contractor to notify the Building Official's office for a required inspection will result in a **stop work order** that may cause a delay in construction.

If you have any questions pertaining to the inspection procedure or the building requirements, please contact the **Building Official's office at 401-392-9200**.

Signature of applicant/owner: Date:

Erosion and Sediment Control Ordinance – Application for Determination of Applicability

Date:	Land Owner:					
Telephone:	Cell Phone:					
Location of Land:						
Road:	Pole No(s):	_ Plat:	Lot:	_ Size:	-	
Type of Building Permi	t Required?					
■ New Residence	■ Addition	Size (sq	ft):	_		
Description of Land Dis Residence/Addition): Number of cu yards Re % of Slope in area of Ex	moved:			or a New		
Grading: Number of Sq. Ft. Distunction Number of Ft. of Elevate Number of Cu. Yards of	ion Change:					
Please Describe The La (A description of the tir allow determination of Distance of Land Distur	ne schedule of the potential for Soil E	proposed a rosion).	activity is nee		ient detail to	
Site Characteristics: Soil Type/Types on Lot Existing Vegetative Cov Site Topography Drainage Patterns	/er					
	ot plan showing foo n front, side and re tances of building	ar lot boun	daries.			
Signature of Land Owner	r:		Date: _			



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BUILDING PERMIT CHECKLIST ADDITIONS (RESIDENTIAL)

- 1. Plot Plan showing existing house & addition, property line setbacks, existing septic system, wetlands if applicable, well or water service.
- 2. Septic System Suitability RIDEM (or approved alteration design) required if:
 - The addition contains a new bedroom (s).
 - or more than 50% of the existing house is being affected by alterations or renovations.
 - or, if the existing septic system is a cesspool, the value of the addition/renovation work exceeds 25% of the replacement value of the existing house.
- 3. RIDEM Wetlands Permit (when required); permit must be in property owners name and not expired.
- 4. Proof of ownership.
- 5. 2 Sets of plans approved by the Fire Department; when required. *
- 6. Contractors License copy, not expired.
- 7. Engineering/Design Data for any pre-fabricated roof trusses, beams or floor joists. Note: RI Building Code requires 20 # Dead Load for Floor Design.
- 8. If contractor signs application, the property owner must provide written, notarized permission.

*3sets of plans must be submitted to the Fire Department in the district where the home or additions is being built for approval.

Foster Center – 397-3404

South Foster – 647-5944

Moosup Valley - 392-0328

PLEASE PRINT OR TYPE								
MUNICIPALITY FOSTER	ISSUED	NUMERICAL CO	DE	PERMIT NO.				
APPLICATION DATE								
1. STREET LOCATION	1 STREET LOCATION 2 ZONING DISTRICT							
3. PLAT/MAP4. LOT/	BLOCK5. FILE/PARCEL	6. ARE/	4	7. FIRE DISTRICT NO				
<u> </u>		PROPOSED						
8. USE OF STRUCTURE: PREVIOUS_ 9. OWNER	ADDRESS			TEL. NO				
2 10. CONTRACTOR (0 OR 1*)				TEL. NO				
11. CONTRACTOR ADDRESS 14. ARCH, OR ENG.		12.	RI CONTR 13. EXPIR					
14. ARCH. OR ENG			TEL. NO					
15. RHODE ISLAND REG. NO	16. Stamped Prints (Circle one) Yes No 17. Ce							
18. DESCRIPTION OF WORK TO BE PE	ERFORMED		19	. USE OF EACH FLOOR				
			Bsmt.					
			<u> </u>	1st				
። ያ	•		2nd 3rd					
	•		-	Other				
A. TYPE OF IMPROVEMENT	B. OWNERSHIP		C. PRINCIPAL	TYPE OF CONSTRUCTION				
1. NEW STRUCTURE 2. ADDITION TO STRUCTURE 3. INSTALLATION 4. RECONSTRUCTION 5. REPLACEMENT 6. FOUNDATION ONLY	PUBLIC	PRIVATE	(CONSTRUCTION CLA	NSS (Check one))				
2 ADDITION TO STRUCTURE	1 STATE	4 TAXABLE	1. 1A	5. 2C 9. 5A				
3 INSTALLATION		5 TAX EXEMPT	2. 1B	6. 3A 10. 5B				
4 RECONSTRUCTION 5 REPLACEMENT	3 OTHER, SPECIFY:		3. 2A	7. 3B				
			4. 2B 8. 4					
D. PROPOSED USE RESIDENTIAL 1	E. PROPOSED USE NON-RESI	DENTIAL	F. RESIDENTIAL					
1 R-1 MOTEL, HOTEL	1. — A-1-A w/stage 13	INSTITUTIONAL I-2 INCAPACITATED		NEW BUILDINGS AND RECONSTRUCTION)				
2 R-2 MULTI-FAMILY	2 A-1-B W/O STAGE 14	I-3 INSTITUTIONAL RESTRAINED	1 TOTAL SINGLE FAMILY UNITS					
3. — K-3 One and Two Family Attached	3 A_2 NIGHT CLUBS 15.	NIGHT CLUBS 15 M MERCANTILE		2 TOTAL NO. OF BEDROOMS				
4. —— R-4 One and Two Family Detached 5. —— GARAGE	4. —— A-3 RESTAURANTS 16	S-1 STORAGE MODERATE S-2 STORAGE LOW	TOTAL # OF BATHS 3 FULL 4 HALF					
5. GARAGE 6. CARPORT 7. MOBILE HOME 8. SWIMMING POOL	5. ——— A-4 CHURCHES 17 6. ——— A-5 STADIUMS 18.	S-2 LOW SOLL		MULTI-FAMILY				
7 MOBILE HOME		FENCES		AL NO. OF KITCHENS THS 6. FULL 7. HALF				
8. —— SWIMMING POOL	8. — E EUCATIONAL 20	SIGNS		F APARTMENTS BY NO. OF BEDROOMS				
9. — FENCES	9. — F-1 FACTORY 21	OTHER		9. 1 10. 2				
10 SIGNS 11 FIREPLACE	10. F-2 FACTORY S	SPECIFY —————	11. 3 12. 4 13. 5					
U 12 OTHER, SPECIFY	11. — H HIGH HAZARD 12. — I-1 INSTITUTIONAL GROUP HOME		14. MORE, Please Specify 15. TOTAL NUMBER OF BUILDINGS IN PROJECT					
G. FOUNDATION SETS BACK	H. DIMENSIONS	_		COST MATERIAL AND LABOR				
FROM PROPERTY LINES	1. No. of Stories 2. Ba	esement Yes No	1 GENERAL	\$				
1. FRONT	<u> </u>	MAX. MAX.	TO BE INSTALLED	BUT NOT INCLUDED IN THE ABOVE COST				
2. REAR	3. Height of Construction Ft.		2. ELECTRICA 3. PLUMBING					
3. LEFT SIDE 4. RIGHT SIDE	4. Total Floor Area Sq. Ft. w/o Basem	nent	3. PLUMBING AND PIPING \$ 4. HEATING, AIR COND. \$					
J. FLOOD HAZARD AREA-1.YES 2.NO 10. SIGNS 11. FIREPLACE 12. OTHER, SPECIFY G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT	K. TYPES OF SEWAGE DISPO		5. OTHER, ELEVATOR, ETC. \$ TOTAL COST \$					
1. Elev. (MSL) of lowest			O. FEES	10 IAL 0031 #				
floor ind. basement	1. PUBLIC 2. PRIVATE SYSTEM**		RADON FEE \$					
2. Elev. (MSL) of 100 year flood	3. ISDS NO DATE			LDING PERMIT FEE \$				
L. NUMBER OF OFF-STREET	M. TYPE OF WATER SUPPLY N. EQUIPMENT **		CE/ADA FEE	\$				
PARKING SPACES	1PUBLIC	1. INCINERATOR		TAL PERMIT FEE \$_ /ELLING LIMITED TO CE /ADA FEE OF \$50.00				
1. ENCLOSED	2PRIVATE	2. ELEVATOR		JILDING OFFICIAL'S SIGNATURE				
2. OUTDOORS	3INDIVIDUAL WELL	(Enter Number)						
hereby certify that I have the authority to make the	foregoing application, that the applicati	on is correct and that the ow	ner of this building	and the undersigned agree to conform				



TOWN OF FOSTER

BUILDING OFFICE 181 Howard Hill Road Foster, RI 02825 401-392-9200 FAX 401-702-7010 www.townoffoster.com

ATTENTION

TO: All Building Contractors and Property Owners

RE: Sanitary facilities required

Please be advised that, effective immediately, following code amendments will be enforced:

Pursuant to the Rhode Island State Building Code, SBC-1, Chapter 33, SAFEGUARDS DURING CONSTRUCTION, section 3305, 3305.1 **Facilities required.** Sanitary facilities shall be provided during construction, remodeling or demolition activities in accordance with the *International Plumbing Code*.

Per the *International Plumbing Code*, *SBC-3*, Section 311.1 **General.** Toilet facilities shall be provided for construction workers and such facilities shall be maintained in sanitary condition. Construction worker toilet facilities of the nonsewer type shall conform to ANSI Z4.3.

Therefore, if toilet facilities are not present on the site, then a portable toilet must be provided. Please be advised that this provision of the Code will be enforced once workers are present on the job site.