

ZONING ORDINANCE

PLAN
REVIEW # 13-04

PLAN REVIEW

DATE 12 SEPT 2013JURISDICTION NEW SHOREHAM

(CITY, COUNTY, TOWNSHIP, ETC.)

LOCATION CORNER OF CENTER ROAD AND BEACON HILL ROAD

(STREET ADDRESS)

LOT NUMBER & SUBDIVISION PLAT 16 LOT 91

(OR LEGAL DESCRIPTION)

LOT AREA 12,031 PER HIZA SURVEY DATED 23 AUGUST 2013ZONING DISTRICT RESIDENTIAL A (RA) MAP NUMBER 16PROPOSED USE TWO SINGLE FAMILY DWELLING UNITSACCESSORY USES NONEYARDS, FRONT 29' REAR 29' SIDE 22.5 ENCROACHMENTS NONELOT COVERAGE 16.3% LOT AREA PER ROOM FOUR (4)OFF-STREET PARKING SPACES, REQUIRED FOUR (4) PROVIDED LOADING SPACE NONE REQUIREDHEIGHT PRIOR EXISTING - NO CHANGESIGNS NONEPLANNING COMMISSION APPROVAL REQUIRED? YES - SPECIAL USE PERMITBOARD OF ZONING APPEALS APPROVAL REQUIRED YES - VARIANCES & SUP

CORRECTION LIST

NO.	DESCRIPTION	ORDINANCE SECTION NUMBER	DEPT. CHECK OFF
	SUBSTANDARD LOT - 12,031 SQ' - 120,000 REQ.		
	REDUCED FRONT, REAR AND SIDE SETBACKS PER 113		
	FRONTAGE = 90' ALONG CENTER ROAD		
	$90 \div 200 = .45$ 45% $50 \times .45 = 22.5$ (SIDE)		
	LOT DEPTH = 117.25 $117.25 \div 200 = .586$ (58%)		
	$50 \times 58\% = 29$ 29' FRONT & REAR SETBACKS		

(CONTINUED ON OTHER SIDE)

CORRECTION LIST

CORRECTION LIST			
NO.	DESCRIPTION	ORDINANCE SECTION NUMBER	DEPT. CHECK OFF
	EXISTING TWO FAMILY (ATTACHED) DWELLING ON LOT 91		
	OWNER REQUESTS TO RELOCATE ONE OF THE UNITS INTO THE EXISTING ACCESSORY STRUCTURE CREATING TWO, DETACHED DWELLINGS		
1	SPECIAL USE PERMIT REQUIRED RELOCATION OF A NON-CONFORMING USE	113 B 4	
2	ACCESSORY USE BUILDING NON CONFORMING BY LOCATION. SIDE AND REAR SETBACK RELIEF REQUIRED-VARIANCE	306 C	
3	OVER LOT COVERAGE BY 11.3% VARIANCE REQ.	113 E (C) & (E) 306 C	
4	RESIDENTIAL DENSITY - 140,000 SQ' OF DEVELOPABLE LAND REQUIRED FOR TWO DWELLINGS IN RA ZONE VARIANCE REQ.	306 B (1)	
5	VARIANCE FROM MINIMUM LOT AREA VARIANCE	306 (C)	
	NOTE: NO PERMIT FOUND FOR DECK ON ACCESSORY STRUCTURE. DECK HAS ONE FOOT REAR SETBACK		
	REQUIRE SSD FOR OWTS SYSTEM OR DESIGN (DEM) APPROVAL TO CONNECT EXISTING OWTS TO ACCESSORY STRUCTURE		

FLAIG PLAT 16 LOT 91 RA ZONE
SUBSTANDARD LOT OF RECORD - 12,031 SQ'
MAX BUILDING COVERAGE = 5% OR 600 SQ'
 $12,031 < 25,000 \text{ SQ'}$

EXISTING ATTACH^{ED} TWO FAMILY HOME

25.5 x 36 918

5 x 6 30

11 x 12 132

2 x 4 8

1316

EXISTING ACCESSORY STRUCTURE

12 x 15 180

15 x 20 300

1316

DECK

165

+ 645

645

1961 SQ'

$$1961 \div 12031 = .16299$$

16.3% LOT COVERAGE

REDUCED SETBACKS PER 113

FRONTAGE (FRONT LOT LINE) = 90' (CENTER ROAD)

$$90 \div 200 = .45 \quad 50 \times .45 = \underline{22.5'} \text{ SIDE YARD}$$

$$\text{LOT DEPTH} = 117.25$$

$$117.25 \div 200 = .586 \quad 58\%$$

$$50 \times 58\% = 29' \text{ FRONT \& REAR}$$

MUNICIPALITY NEW SHORE HAMNUMERICAL CODE 22PERMIT NO. 327APPLICATION DATE 10/13/2020 CENSUS TRACTFEE RECEIVED: \$ 68BY TOMR1. STREET LOCATION 557 CENTER RD

2. ZONING DISTRICT

3. PLAT/MAP 164. LOT/BLOCK 091-00

5. FILE/PARCEL

6. AREA

7. REHAB CODE (Circle one) YES NO

8. USE OF STRUCTURE: PREVIOUS

PROPOSED

9. OWNER ARNOLD FLAIG

ADDRESS

557 CENTER RD P.O. BOX 760TEL. NO. 860 961 787010. CONTRACTOR (0 OR 1*) ASF ENTERPRISES INCTEL. NO. 860 961 787011. CONTRACTOR ADDRESS 557 CENTER RD

12. RI CONTR.

REG. # 36725

13. EXPIR.

DATE 4/21

14. ARCH. OR ENG.

ADDRESS

TEL. NO.

15. LEAD LICENSE NAME

16. LIC. #

17. EXPIR.

DATE

18. RHODE ISLAND REG. NO.

19. Stamped Prints (Circle one) Yes No

20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED

22. USE OF EACH FLOOR

REPLACE CEDAR WOOD SHINGLE SIDING ON
EAST SIDE OF DWELLING

BSMT.

1st

2nd

3rd

CODE EDITION:

Other

A. TYPE OF IMPROVEMENT

1. ☐ NEW STRUCTURE
 2. ☐ ADDITION TO EXISTING
 3. ☐ MODIFICATION TO EXISTING
 4. ☐ FOUNDATION ONLY

B. OWNERSHIP

PUBLIC

PRIVATE

1. ☐ STATE
 2. ☐ CITY OR TOWN
 3. ☐ OTHER SPECIFY
 4. ☐ TAXABLE
 5. ☐ TAX EXEMPT

C. PRINCIPAL TYPE OF CONSTRUCTION
(CONSTRUCTION CLASS (Check one))

1. 1A ☐ 4. 2B ☐ 7. 4 ☐
 2. 1B ☐ 5. 3A ☐ 8. 5A ☐
 3. 2A ☐ 6. 3B ☐ 9. 5B ☐

D. PROPOSED USE RESIDENTIAL

1. ☐ R-1 HOTELS
 2. ☐ R-2 APARTMENTS
 3. ☐ R-3 Attached One and Two Family
 4. ☐ R-4 ASSISTED LIVING 9-16
 5. ☐ GARAGE
 6. ☐ CARPORT
 7. ☐ MANUFACTURED HOME
 8. ☐ SWIMMING POOL
 9. ☐ One and Two Family Detached
 10. ☐ FIREPLACE
 11. ☐ OTHER
 SPECIFY

E. PROPOSED USE NON-RESIDENTIAL

1. ☐ A-1 THEATRES
 2. ☐ A-2 RESTAURANT/ NIGHT CLUB
 3. ☐ A-3 ASSEMBLY
 4. ☐ A-4 ARENAS
 5. ☐ B BUSINESS
 6. ☐ F-1 FACTORY (MOD HAZARD)
 7. ☐ F-2 FACTORY (LOW HAZARD)
 8. ☐ H-1 HIGH HAZARD DETONATION
 9. ☐ H-2 HIGH HAZARD DEFLAGRATION
 10. ☐ H-3 HIGH HAZARD PHYSICAL HAZARD
 11. ☐ H-4 HIGH HAZARD CORROSIVE TOXIC
 12. ☐ H-5 HIGH HAZARD NPM
 13. ☐ I-1 INSTITUTIONAL SUPERVISED
 14. ☐ I-2 INSTITUTIONAL INCAPACITATED
 15. ☐ I-3 INSTITUTIONAL RESTRAINED
 16. ☐ I-4 INSTITUTIONAL DAYCARE
 17. ☐ M MERCANTILE
 18. ☐ S-1 STORAGE MOD HAZARD
 19. ☐ S-2 STORAGE LOW HAZARD
 20. ☐ U UTILITY MISCELLANEOUS
 21. OTHER
 SPECIFY
 22. MIXED USE

F. RESIDENTIAL

(COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)

- SINGLE FAMILY**
 1. ☐ TOTAL SINGLE FAMILY UNITS
 2. ☐ TOTAL NO. OF BEDROOMS
 TOTAL NO. OF BATHROOMS 3. ☐ Full 4. ☐ Half
MULTI-FAMILY
 5. ☐ TOTAL NO. OF KITCHENS
 TOTAL NO. OF BATHROOMS 6. ☐ Full 7. ☐ Half
 TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS
 8. Effic. ☐ 9. 1 ☐ 10. 2 ☐
 11. 3 ☐ 12. 4 ☐ 13. 5 ☐
 14. ☐ MORE, Please Specify
 15. ☐ TOTAL NUMBER OF BUILDINGS IN PROJECT.

G. FOUNDATION SETS BACK FROM PROPERTY LINES

1. FRONT ☐ ft. ☐ in.
 2. REAR ☐ ft. ☐ in.
 3. LEFT SIDE ☐ ft. ☐ in.
 4. RIGHT SIDE ☐ ft. ☐ in.

H. DIMENSIONS

1. No. of Stories ☐ 2. Basement Yes ☐ No ☐
 3. Height of Construction Ft. ☐ MAX. ☐ MAX. ☐
 WIDTH ☐ DEPTH ☐
 4. Total Floor Area Sq. Ft. w/o Basement ☐

J. FLOOD HAZARD AREA - 1. YES 2. NO

1. Elev. (MSL) of lowest floor incl. basement ☐
 2. Elev. (MSL) of 100 year flood ☐

K. TYPES OF SEWAGE DISPOSAL

1. ☐ PUBLIC 2. ☐ PRIVATE SYSTEM
 3. ISDS NO. ☐ DATE ☐

L. NUMBER OF OFF-STREET PARKING SPACES

1. ENCLOSED ☐
 2. OUTDOORS ☐

M. TYPE OF WATER SUPPLY

1. ☐ PUBLIC
 2. ☐ PRIVATE
 3. ☐ INDIVIDUAL WELL

N. EQUIPMENT*

1. INCINERATOR ☐
 2. ELEVATOR ☐
 (Enter Number)

I. ESTIMATED COST MATERIAL AND LABOR

1. GENERAL \$ 3200.00
 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
 2. ELECTRICAL \$ ☐ .00
 3. PLUMBING OR PIPING \$ ☐ .00
 4. HEATING, AIR COND. \$ ☐ .00
 5. FIRE SUPPRESSION \$ ☐ .00
 6. OTHER, ELEVATOR, ETC. \$ ☐ .00
 TOTAL COST \$ 3200.00

O. FEES

1. MUNICIPAL BUILDING PERMIT FEE = TOWN (MIN) \$ 65 .00
 2. STATE FEE = STATE (1x3) \$ 3 .00
 3. RADON \$ ☐ .00
 TOTAL PERMIT FEE \$ 68 .00

(1 & 2 FAMILY DWELLING LIMITED TO STATE FEE OF \$50.00) CHECK X 1422

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

* IN-STATE CONTRACTOR = 0
 * OUT-OF-STATE CONTRACTOR = 1

TEL. NO. 860 961 7870 APPLICANT'S SIGNATURE Arnold Flaigne, President

* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

FOR

PLEASE PRINT OR TYPE

BUILDING PERMIT APPLICATION

MUNICIPALITY TOWN OF NEW SHOREHAM NUMERICAL CODE 22 PERMIT NO. B21-111

APPLICATION DATE 3/17/2021 NSUS TRACT _____ FEE RECEIVED: \$ 70 BY CE

1. STREET LOCATION 557 CENTER RD 2. ZONING DISTRICT _____

3. PLAT/MAP 16 4. LOT/BLOCK 91 5. FILE/PARCEL _____ 6. AREA _____ 7. REHAB CODE (Circle one) YES NO

8. USE OF STRUCTURE: PREVIOUS RESIDENTIAL PROPOSED RESIDENTIAL

9. OWNER ARNOLD FLAIG ADDRESS 557 CENTER RD P.O. Box 760 TEL. NO. 860 961 7871

10. CONTRACTOR (0 OR 1*) ASF ENTERPRISES, INC TEL. NO. 860 961 7871

11. CONTRACTOR ADDRESS P.O. Box 760 12. RI CONTR. REG. # 36725 13. EXPIR. DATE 4/21

14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____

15. LEAD LICENSE NAME _____ 16. LIC. # _____ 17. EXPIR. DATE _____

18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED
REPLACE DAMN ROOF 7.5 SQUARES
STRIP EXISTING SHINGLES AND
REPLACE WITH ARCHITECTURAL TYPE

22. USE OF EACH FLOOR
BSMT. _____
1st _____
2nd _____
3rd _____
Other _____

CODE EDITION: _____

A. TYPE OF IMPROVEMENT
1. _____ NEW STRUCTURE
2. _____ ADDITION TO EXISTING
3. _____ MODIFICATION TO EXISTING
4. _____ FOUNDATION ONLY

B. OWNERSHIP
PUBLIC _____ PRIVATE _____
1. _____ STATE 4. _____ TAXABLE
2. _____ CITY OR TOWN 5. _____ TAX EXEMPT
3. _____ OTHER SPECIFY _____

C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one))
1. 1A _____ 4. 2B _____ 7. 4 _____
2. 1B _____ 5. 3A _____ 8. 5A _____
3. 2A _____ 6. 3B _____ 9. 5B _____

D. PROPOSED USE RESIDENTIAL
1. _____ R-1 HOTELS
2. _____ R-2 APARTMENTS
3. _____ R-3 Attached One and Two Family
4. _____ R-4 ASSISTED LIVING 9-16
5. _____ GARAGE
6. _____ CARPORT
7. _____ MANUFACTURED HOME
8. _____ SWIMMING POOL
9. _____ One and Two Family Detached
10. _____ FIREPLACE
11. _____ OTHER
SPECIFY _____

E. PROPOSED USE NON-RESIDENTIAL
1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED
2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED
3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED
4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE
5. _____ B BUSINESS 17. _____ M MERCANTILE
6. _____ F-1 FACTORY (MOD HAZARD) 18. _____ S-1 STORAGE MOD HAZARD
7. _____ F-2 FACTORY (LOW HAZARD) 19. _____ S-2 STORAGE LOW HAZARD
8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS
9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. OTHER _____
10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____
11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 22. MIXED USE _____
12. _____ H-5 HIGH HAZARD, HPM

F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)
SINGLE FAMILY
1. _____ TOTAL SINGLE FAMILY UNITS
2. _____ TOTAL NO. OF BEDROOMS
TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half
MULTI-FAMILY
5. _____ TOTAL NO. OF KITCHENS
TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half
TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS
8. Effic. _____ 9. 1 _____ 10. 2 _____
11. 3 _____ 12. 4 _____ 13. 5 _____
14. _____ MORE, Please Specify _____
15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT.

G. FOUNDATION SETS BACK FROM PROPERTY LINES
1. FRONT _____ ft. _____ in.
2. REAR _____ ft. _____ in.
3. LEFT SIDE _____ ft. _____ in.
4. RIGHT SIDE _____ ft. _____ in.

H. DIMENSIONS
1. No. of Stories _____ 2. Basement Yes _____ No _____
3. Height of Construction Ft. _____ MAX. WIDTH _____ MAX. DEPTH _____
4. Total Floor Area Sq. Ft. w/o Basement _____

I. ESTIMATED COST MATERIAL AND LABOR
1. GENERAL \$ 4500 .00
TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST
2. ELECTRICAL \$ _____ .00
3. PLUMBING OR PIPING \$ _____ .00
4. HEATING, AIR COND. \$ _____ .00
5. FIRE SUPPRESSION \$ _____ .00
6. OTHER, ELEVATOR, ETC. \$ _____ .00
TOTAL COST \$ 4500 .00

J. FLOOD HAZARD AREA - 1. YES 2. NO
1. Elev. (MSL) of lowest floor incl. basement _____
2. Elev. (MSL) of 100 year flood _____

K. TYPES OF SEWAGE DISPOSAL
1. _____ PUBLIC 2. _____ PRIVATE SYSTEM*
3. ISDS NO. _____ DATE _____

L. NUMBER OF OFF-STREET PARKING SPACES
1. ENCLOSED
2. OUTDOORS

M. TYPE OF WATER SUPPLY
1. _____ PUBLIC
2. _____ PRIVATE
3. _____ INDIVIDUAL WELL

N. EQUIPMENT*
1. INCINERATOR _____
2. ELEVATOR (Enter Number) _____

O. FEES
1. MUNICIPAL BUILDING PERMIT FEE = \$ 65 .00
2. STATE FEE = \$ 5 .00
3. RADON = \$ _____ .00
CH#1445 TOTAL PERMIT FEE \$ 70 .00
(1 & 2 FAMILY DWELLING LIMITED)
TO STATE FEE OF \$50.00

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

IN-STATE CONTRACTOR = 0
OUT-OF-STATE CONTRACTOR = 1

STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

APPLICANT'S SIGNATURE Arnold Flaig, President

FOR _____

PLEASE PRINT OR TYPE

BUILDING PERMIT APPLICATION

MUNICIPALITY New Shoreham NUMERICAL CODE 22 PERMIT NO. 114
 APPLICATION DATE 4/8/17 CENSUS TRACT _____ FEE RECEIVED: \$ 37- BY M. TILLSON
 1. STREET LOCATION 557 CENTER 2. ZONING DISTRICT 2A
 3. PLAT/MAP 16 4. LOT/BLOCK 91 5. FILE/PARCEL 00 6. AREA _____ 7. REHAB CODE (Circle one) YES NO
 8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
 9. OWNER ARNOLD FLAIL ADDRESS 557 CENTER RD TEL. NO. 860 967 875
 10. CONTRACTOR (0 OR 1*) ACE ENTERPRISES, INC TEL. NO. 11
 11. CONTRACTOR ADDRESS 557 CENTER RD 12. RI CONTR. REG. # 36725 13. EXPIR. DATE 4/1/19
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC. # _____ 17. EXPIR. DATE _____
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No
 21. DESCRIPTION OF WORK TO BE PERFORMED REPLACE WOOD SHINGLES ON EAST SIDE OF BLDG 22. USE OF EACH FLOOR
 BSMT.
 1st
 2nd
 3rd
 Other

CODE EDITION: SBC-2-2013

A. TYPE OF IMPROVEMENT 1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. <input checked="" type="checkbox"/> MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY		B. OWNERSHIP PUBLIC _____ PRIVATE _____ 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER SPECIFY _____		C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B <input checked="" type="checkbox"/>	
D. PROPOSED USE RESIDENTIAL 1. _____ R-1 HOTELS 2. <input checked="" type="checkbox"/> R-2 APARTMENTS 3. <input checked="" type="checkbox"/> R-3 Attached One and Two Family 4. _____ R-4 ASSISTED LIVING 9 -16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. _____ SWIMMING POOL 9. _____ One and Two Family Detached 10. _____ FIREPLACE 11. _____ OTHER SPECIFY _____		E. PROPOSED USE NON-RESIDENTIAL 1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY (MOD HAZARD) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY (LOW HAZARD) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. OTHER _____ 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 22. MIXED USE _____ 12. _____ H-5 HIGH HAZARD, HPM		F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 8. Effic. _____ 9. 1 _____ 10. 2 _____ 11. 3 _____ 12. 4 _____ 13. 5 _____ 14. _____ MORE, Please Specify _____ 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT.	
G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT _____ ft. _____ in. 2. REAR _____ ft. _____ in. 3. LEFT SIDE _____ ft. _____ in. 4. RIGHT SIDE _____ ft. _____ in.		H. DIMENSIONS 1. No. of Stories _____ 2. Basement Yes _____ No _____ 3. Height of Construction Ft. _____ MAX. WIDTH _____ MAX. DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____		I. ESTIMATED COST MATERIAL AND LABOR 1. GENERAL \$ <u>1800</u> .00 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ .00 3. PLUMBING OR PIPING \$ _____ .00 4. HEATING, AIR COND. \$ _____ .00 5. FIRE SUPPRESSION \$ _____ .00 6. OTHER, ELEVATOR, ETC. \$ _____ .00 TOTAL COST \$ _____ .00	
J. FLOOD HAZARD AREA - 1. YES 2. NO 1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____		K. TYPES OF SEWAGE DISPOSAL 1. _____ PUBLIC 2. _____ PRIVATE SYSTEM* 3. ISDS NO. _____ DATE _____		O. FEES 1. MUNICIPAL BUILDING PERMIT FEE = \$ <u>35</u> .00 2. STATE FEE = \$ <u>2</u> .00 3. RADON = \$ _____ .00 TOTAL PERMIT FEE \$ <u>37</u> .00 (1 & 2 FAMILY DWELLING LIMITED) (TO STATE FEE OF \$50.00)	
L. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED _____ 2. OUTDOORS _____		M. TYPE OF WATER SUPPLY 1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL		N. EQUIPMENT* 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number)	

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

* IN-STATE CONTRACTOR = 0
 OUT-OF-STATE CONTRACTOR = 1

TEL. NO. 860 961 7173 APPLICANT'S SIGNATURE Arnold Flail, Pres

* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

FOR _____

PLEASE PRINT OR TYPE

BUILDING PERMIT APPLICATION

MUNICIPALITY Town of New Shoreham NUMERICAL CODE 22 PERMIT NO. 66
 APPLICATION DATE 3/6/2017 CENSUS TRACT _____ FEE RECEIVED: \$ 37 BY M. TILSON
 1. STREET LOCATION 557 CENTER RD 2. ZONING DISTRICT RA
 3. PLAT/MAP 16 4. LOT/BLOCK 91 5. FILE/PARCEL 00 6. AREA _____ 7. REHAB CODE (Circle one) YES NO
 8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED RA
 9. OWNER ARNOLD KILG ADDRESS 557 CENTER RD TEL. NO. 860 961 7871
 10. CONTRACTOR (0 OR 1) AXF ENTERPRISES INC TEL. NO. _____
 11. CONTRACTOR ADDRESS 557 CENTER RD 12. RI CONTR. REG. # 36125 13. EXPIR. DATE 4/1/17
 14. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 15. LEAD LICENSE NAME _____ 16. LIC. # _____ 17. EXPIR. DATE _____
 18. RHODE ISLAND REG. NO. _____ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No
 21. DESCRIPTION OF WORK TO BE PERFORMED
REMOVE AND REPLACE SOUTH SIDE
ROOF (Asphalt shingles)
 22. USE OF EACH FLOOR
BSMT.
1st
2nd
3rd
 Other _____

CODE EDITION: SBC-2-2013

A. TYPE OF IMPROVEMENT 1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. <u>X</u> MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY		B. OWNERSHIP PUBLIC PRIVATE 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER SPECIFY _____		C. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B <u>X</u>		
D. PROPOSED USE RESIDENTIAL 1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 Attached One and Two Family 4. _____ R-4 ASSISTED LIVING 9-16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. _____ SWIMMING POOL 9. <u>X</u> One and Two Family Detached 10. _____ FIREPLACE 11. _____ OTHER SPECIFY _____		E. PROPOSED USE NON-RESIDENTIAL 1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY (MOD HAZARD) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY (LOW HAZARD) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. OTHER _____ 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 22. MIXED USE _____ 12. _____ H-5 HIGH HAZARD, HPM		F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) SINGLE FAMILY 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half MULTI-FAMILY 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 8. Effic. <u>3</u> 9. 1 _____ 10. 2 _____ 11. 3 _____ 12. 4 _____ 13. 5 _____ 14. _____ MORE, Please Specify _____ 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT.		
G. FOUNDATION SETS BACK FROM PROPERTY LINES 1. FRONT _____ ft. _____ in. 2. REAR _____ ft. _____ in. 3. LEFT SIDE _____ ft. _____ in. 4. RIGHT SIDE _____ ft. _____ in.		H. DIMENSIONS 1. No. of Stories _____ 2. Basement Yes _____ No _____ 3. Height of Construction Ft. _____ MAX. WIDTH _____ MAX. DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____		I. ESTIMATED COST MATERIAL AND LABOR 1. GENERAL TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST \$ <u>2100</u> .00 2. ELECTRICAL \$ _____ .00 3. PLUMBING OR PIPING \$ _____ .00 4. HEATING, AIR COND. \$ _____ .00 5. FIRE SUPPRESSION \$ _____ .00 6. OTHER, ELEVATOR, ETC. \$ _____ .00 TOTAL COST \$ <u>2100</u> .00		
J. FLOOD HAZARD AREA - 1. YES 2. NO 1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____		K. TYPES OF SEWAGE DISPOSAL 1. _____ PUBLIC 2. _____ PRIVATE SYSTEM* 3. ISDS NO. _____ DATE _____		O. FEES 1. MUNICIPAL BUILDING PERMIT FEE = \$ <u>35</u> .00 2. STATE FEE = \$ <u>2</u> .00 3. RADON = \$ _____ .00 TOTAL PERMIT FEE \$ <u>37</u> .00 (1 & 2 FAMILY DWELLING LIMITED) (TO STATE FEE OF \$50.00)		
L. NUMBER OF OFF-STREET PARKING SPACES 1. ENCLOSED _____ 2. OUTDOORS _____		M. TYPE OF WATER SUPPLY 1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL		N. EQUIPMENT* 1. INCINERATOR _____ 2. ELEVATOR (Enter Number) _____		

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

* IN-STATE CONTRACTOR = 0
 OUT-OF-STATE CONTRACTOR = 1

TEL. NO. 860 961 7871 APPLICANT'S SIGNATURE Arnold Kilg

* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION.

FOR _____

BUILDING PERMIT APPLICATION

OFFICE FILE LOCATION

MUNICIPALITY

NUMERICAL CODE

PERMIT NO.

APPLICATION DATE

CENSUS TRACT

FEE RECEIVED: \$

BY

I. IMPORTANT: PLEASE PRINT — APPLICANT TO COMPLETE ALL ITEMS

1. STREET LOCATION CENTER ROAD 2. ZONING DISTRICT RA

3. PLAT/MAP 16 4. LOT/BLOCK 91 5. FILE/PARCEL 1/4 6. AREA 1/4 7. FIRE DISTRICT NO. (0 or 1) 1

8. USE OF STRUCTURE: PREVIOUS STORAGE PROPOSED STORAGE

9. OWNER MR. ARNOLD FLAIV ADDRESS ISLAND TEL. NO. 2748

10. CONTRACTOR (0 or 1*) SELF ADDRESS ISLAND TEL. NO. 2748

11. ARCH. OR ENG. NONE ADDRESS ISLAND TEL. NO. 2748

12. RHODE ISLAND REG. NO. NONE 13. Stamped Prints (Circle one) Yes No 14. Certificate of Occupancy Required (Yes) No

15. DESCRIPTION OF WORK TO BE PERFORMED. TO REPLACE EXISTING BARN 30x15 16. USE OF EACH FLOOR

BSMT. ✓

1st STORAGE only

2nd STORAGE only

3rd ✓

Other ✓

II. TYPE AND COST OF BUILDING — PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA

A. TYPE OF IMPROVEMENT

1. ✓ NEW STRUCTURE

2. ✓ ADDITION TO STRUCTURE

3. ✓ INSTALLATION

4. ✓ RECONSTRUCTION

5. ✓ REPLACEMENT

6. ✓ FOUNDATION ONLY

B. OWNERSHIP

PUBLIC ✓ PRIVATE ✓

1. ✓ STATE 4. ✓ TAXABLE

2. ✓ CITY OR TOWN 5. ✓ TAX EXEMPT

3. ✓ OTHER, SPECIFY ISLAND

C. ESTIMATED COST MATERIAL AND LABOR

1. STRUCTURAL \$ 10,000 .00

TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST

2. ELECTRICAL \$ 10,000 .00

3. PLUMBING OR PIPING \$ 10,000 .00

4. HEATING, AIR COND. \$ 10,000 .00

5. OTHER, ELEVATOR, ETC. \$ 10,000 .00

TOTAL COST \$ 10,000 .00

D. PROPOSED USE RESIDENTIAL

1. ✓ R-1 MOTEL, HOTEL

2. ✓ R-2 MULTI-FAMILY

3. ✓ R-3 One and Two Family Attached

4. ✓ R-4 One and Two Family Detached

5. ✓ GARAGE

6. ✓ CARPORT

7. ✓ MOBILE HOME

8. ✓ SWIMMING POOL

9. ✓ FENCES

10. ✓ SIGNS

11. ✓ FIREPLACE

12. ✓ OTHER, SPECIFY ISLAND

E. PROPOSED USE NON-RESIDENTIAL N/A

1. ✓ A-1-A THEATRES W/STAGE 13. ✓ I-2 INSTITUTIONAL INCAPACITATED

2. ✓ A-1-B THEATRES W/O STAGE 14. ✓ I-3 INSTITUTIONAL RESTRAINED

3. ✓ A-2 NIGHT CLUBS 15. ✓ M MERCANTILE

4. ✓ A-3 RESTAURANTS 16. ✓ S-1 STORAGE MODERATE

5. ✓ A-4 CHURCHES 17. ✓ S-2 STORAGE LOW

6. ✓ A-5 STADIUMS 18. ✓ SWIMMING POOL

7. ✓ B BUSINESS 19. ✓ FENCES

8. ✓ E EDUCATIONAL 20. ✓ SIGNS

9. ✓ F-1 FACTORY (MOD. HAZ) 21. ✓ OTHER

10. ✓ F-2 FACTORY (LOW HAZ) SPECIFY ISLAND

11. ✓ H HIGH HAZARD

12. ✓ I-1 INSTITUTIONAL GROUP HOME

F. RESIDENTIAL (COMPLETE FOR NEW BUILDINGS, AND RECONSTRUCTION)

SINGLE FAMILY N/A

1. ✓ TOTAL SINGLE FAMILY UNITS

2. ✓ TOTAL NO. OF BEDROOMS

TOTAL NO. OF BATHROOMS 3. ✓ Full 4. ✓ Half

MULTI-FAMILY

5. ✓ TOTAL NO. OF KITCHENS

TOTAL NO. OF BATHROOMS 6. ✓ Full 7. ✓ Half

TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS

8. Effic. ✓ 9. 1 ✓ 10. 2 ✓

11. 3 ✓ 12. 4 ✓ 13. 5 ✓

14. ✓ MORE, Please Specify ISLAND

15. ✓ TOTAL NUMBER OF BUILDINGS IN PROJECT.

G. FOUNDATION SETS BACK FROM PROPERTY LINES

1. FRONT Existing ft. 15 in. 0

2. REAR Existing ft. 15 in. 0

3. LEFT SIDE Existing ft. 15 in. 0

4. RIGHT SIDE Existing ft. 15 in. 0

H. DIMENSIONS

1. No. of Stories 2 2. Basement: Yes No X

3. Height of Construction Ft. 21 MAX. WIDTH 15 MAX. DEPTH 36

4. Total Floor Area Sq. Ft. w/o Basement 540

I. PRINCIPAL TYPE OF CONSTRUCTION (CONSTRUCTION CLASS (Check one))

1. 1A ✓ 5. 2C ✓ 9. 5A ✓

2. 1B ✓ 6. 3A ✓ 10. 5B ✓

3. 2A ✓ 7. 3B ✓

4. 2B ✓ 8. 4 ✓

J. FLOOD HAZARD AREA - 1. YES 2. NO

1. Elev. (MSL) of lowest floor incl. basement 21

2. Elev. (MSL) of 100 year flood 21

K. TYPES OF SEWAGE DISPOSAL

1. ✓ PUBLIC 2. ✓ PRIVATE SYSTEM N/A

3. ISDS NO. 4014062148 DATE 9/2/88

L. PRINCIPAL TYPE OF HEATING FUEL

1. ✓ GAS 2. ✓ ELECTRICITY N/A

3. ✓ OIL 4. ✓ COAL N/A

5. ✓ SOLAR 6. ✓ OTHER N/A

M. NUMBER OF OFF-STREET PARKING SPACES N/A

1. ENCLOSED ✓

2. OUTDOORS ✓

N. TYPE OF WATER SUPPLY

1. ✓ PUBLIC N/A

2. ✓ PRIVATE SYSTEM N/A

3. ✓ INDIVIDUAL, WELL N/A

O. EQUIPMENT*

1. INCINERATOR ✓

2. ELEVATOR (Enter Number) 1

P. TYPE OF MECHANICAL AND AIR CONDITIONING

1. ✓ Central-Electric N/A 5. ✓ Heat Pump

2. ✓ Central-Gas N/A 6. ✓ Solar Hot Water

3. ✓ Individual RM. A/C 7. ✓ Solar Heat

4. ✓ Oil 8. ✓ Other N/A

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

* IN-STATE CONTRACTOR = 0
OUT-OF-STATE CONTRACTOR = 1

TEL. NO. 4014062148 APPLICANT'S SIGNATURE Arnold Flair

STATE APPROVAL REQUIRED, SEE BACK OF FORM FOR INFORMATION.

FOR

00004 07

ELECTRICAL PERMIT APPLICATION

CA BC-5

MUNICIPALITY TOWN OF NEW SHOREHAM NUMERICAL CODE 22 PERMIT NO. 11-8-91
APPLICATION DATE 11-8-91 CENSUS TRACT _____ FEE RECEIVED: \$ 14.00 BY SARAH

1. STREET LOCATION center Rd POLE NO. or UNDERGROUND NO. _____
2. P. AT 16 3. LOT 91 4. FILE _____ 5. FLOOR LOCATION _____
6. USE OF STRUCTURE: PREVIOUS 2 FAMILY DWELLING PROPOSED SAME
7. _____ Temporary _____ New Installation _____ Change of Service _____ Starting Date _____
8. OWNER Amie Flaig ADDRESS _____ TEL. NO. _____
9. ELECTRICAL CONTRACTOR N. Bedard ADDRESS 105 Palmetto St. Cumb. Rd. TEL. NO. 720-7986
10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
11. STAMPED PRINTS (Circle one) YES ☒ NO ☐ 12. RHODE ISLAND REG. NO. _____ 13. ELECTRICIAN'S LIC. NO. A-1995
14. DESCRIPTION OF WORK TO BE PERFORMED Install exhaust fan for kitchen stove

15. Service entrance voltage 120-240 Amperage 2-100 A Phase 1 No. of Meters 2
16. Wire size (cu. or al.) 3 CU Conductor Per Phase 2
17. Estimated load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, H.P., Phase _____
18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinance of the state and this jurisdiction.

ELECTRICAL CONTRACTOR'S SIGNATURE Warren J. Bedard

DO NOT WRITE BELOW THIS LINE

ELECTRICAL WIRING PERMIT

Inspections

Date

Temporary Service _____
Roughing In _____
Service & Meter _____
Off Peak Meter _____
Final Approval _____
Disapproved* _____

PERMIT GRANTED
DATE 11-12-91

BY Richard F. Rose
ELECTRICAL INSPECTOR

*For the following reasons _____

CERTIFICATE OF INSPECTION

DATE _____

To the Electric Utility Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

ELECTRICAL INSPECTOR

ELECTRICAL PERMIT APPLICATION

MUNICIPALITY TOWN OF NEW SHOREHAM NUMERICAL CODE 22 PERMIT NO. 295
APPLICATION DATE 12 JUNE 02 CENSUS TRACT _____ FEE RECEIVED: \$ 92.00 BY M. TILLSON

1. STREET LOCATION _____ POLE NO. or UNDERGROUND NO. _____
2. PLAT/MAP 16 3. LOT/BLOCK 91 4. FILE/PARCEL _____ 5. FLOOR LOCATION _____
6. USE OF STRUCTURE: PREVIOUS Residence PROPOSED Residence
7. _____ Temporary _____ New Installation _____ Change of Service _____ Starting Date _____
8. OWNER Ortel, Brown, Johnston, Flagg, Derby ADDRESS _____ TEL. NO. _____
9. ELECTRICAL CONTRACTOR _____ ADDRESS _____ TEL. NO. _____
10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
11. STAMPED PRINTS (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. ELECTRICIAN'S LIC. NO. A1879
14. DESCRIPTION OF WORK TO BE PERFORMED Install control panel (connect to main service), wire pumps + Pumps to panel FOR THE FOLLOWING ISDS SYSTEMS ELWELL, DERBY, JOHNSTON, FLAGG, BROWN AND ORTEL
15. Service entrance voltage 200 Amperage 100 Phase _____ No. of Meters X
16. Wire size (cu. or al.) 14 X 12 Conductor Per Phase _____
17. Estimated load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, H.P., Phase _____
18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ 2000.00

MUNICIPAL ELECTRICAL PERMIT FEE:	= \$ <u>90</u>
CE & ADA FEE: <small>(1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00)</small>	= \$ <u>2</u>
COST OF INSTALLATION x .001	= \$ <u>92</u>
TOTAL PERMIT FEE	= \$ <u>92</u>

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinance of the state and this jurisdiction.

ELECTRICAL CONTRACTOR'S SIGNATURE Joseph Pucier

DO NOT WRITE BELOW THIS LINE

ELECTRICAL WIRING PERMIT

Date _____

Inspections

Temporary Service _____
Roughing In _____
Service & Meter _____
Off Peak Meter _____
Final Approval _____
Disapproved* _____

*For the following reasons _____

PERMIT GRANTED

DATE 17 JUNE 02

BY Marc A. Tillson
ELECTRICAL INSPECTOR

CERTIFICATE OF INSPECTION

DATE _____

To the Electric Utility Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

ELECTRICAL INSPECTOR



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OFFICE OF WATER RESOURCES PERMITTING SECTION
235 PROMENADE STREET
PROVIDENCE, RI 02908

August 27, 2002

TO: **Brenda Flaig**
557 Center Road
Block Island, RI 02807

SITE INFORMATION

Application No.: 0222-0562
Street: Center Road
Town: New Shoreham
Plat: 16
Lot: 91

Subdivision:
Subdivision Lot No:

CERTIFICATE OF CONFORMANCE

This Certificate of Conformance means that the Individual Sewage Disposal System (ISDS), which has been installed under the above application number, appears to substantially conform with the design requirements and other requirements as indicated on the application, and associated plans and specifications. **PERMISSION IS THEREFORE GRANTED FOR UTILIZATION OF THE SEWAGE DISPOSAL SYSTEM.** A copy of this certificate has been forwarded to the building official of the municipality having jurisdiction over the subject site; he/she may issue a Certificate of Occupancy for the building provided all other local requirements have been met. The building official must receive a copy of the Certificate of Conformance prior to his or her issuing any required certificate of occupancy for the building or facility to be served by the ISDS.

This Certificate is based upon the representations of the Owner and his/her agents, who are responsible for the proper installation of this system. This Department has approved the ISDS installation in reliance upon those representations and is not responsible for any of the construction, design details, specifications, distances or elevations indicated on the application, plan or specifications.

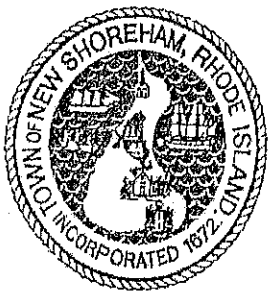
This approval is subject to future suspension and revocation in the event that: subsequent examination reveals that any of the data indicated on the application, plan or specifications is incorrect or not in compliance with applicable regulations; or the ISDS system discharges sewage to the surface of the ground or to any watercourse, fails to otherwise operate satisfactorily or is altered in a manner which deviates from the terms of the approved application.

Authorized Agent: **BRIAN M. MOORE, P.E.**

INDIVIDUAL SEWAGE DISPOSAL SYSTEM SECTION

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON CARE AND MAINTENANCE

cc: Building Inspector



TOWN of NEW SHOREHAM
DEPARTMENT OF BUILDING INSPECTION
OFFICE of Wastewater Management

TELEPHONE (401) 466-5699
FAX (401) 466-3219
TTY 711

**ONSITE WASTEWATER TREATMENT SYSTEMS
Maintenance Inspection Report / Findings**

Populated with Data from RIWIS/Carmody

PROPERTY INFORMATION

/ 1000 gallon tank

Plat/Lot: 16:91#2 Fire #: 557 Location: Center Road
Owner: Arnold Flaig
Mailing Address: PO Box 760

Block Island, RI 02807

Water (Private, Town): Private Laundry (Y/N): Yes Water Filter Backwash (Y/N):
Has Well: Yes Seasonal (Y/N): No System Needs to Be Exposed: NO

OWTS INFORMATION

RIDEM#: 0222-0562 Bedrooms Approved: 5
Type (Septic Tank, Alternative): Septic Tank, Advanced
Tank (Poly, Concrete, Fiberglass, Other): Concrete Volume: 1000 Gals
Soil Absorption System (Galley, Trench, BSF, ElJen-in-Drain, Flow Diffusers, Geomat, Infiltrator, PSND's,
Other, Unknown): BSF

Date Last Inspected: 12/7/2017 Type of Inspection: Routine
Age at Last Insp: 16 Yrs Current Age: 17 Yrs Textile Filter
Times Pumped Last 3 Years: 0 Date Last Pumped:
Maint. Contractor: Kevin Hoyt Construction LLC Contract Required?: Yes

INSPECTION INFORMATION / FIELD OBSERVATIONS Date: 12/5/2018 Inspector: Wayne Pinkham

Inspection Type (Installation, First Maintenance, Repair, Upgrade, Routine): ROUTINE
Access Risers (Y/N): Y Effluent Filter (Y/N): Y
Tank Liq. Level: 40 in. Sludge Depth: 12 in. Scum Depth: 1 in. Net Clear: 27 in.
Structural Damage (Y/N): N Pump Chamber (Y/N): Y Septic Odors (Y/N): N
Tank Flow with Known Sources Off (Y/N): N Trees/Shrubs Encroaching Drain Field (Y/N): N
Heavy Objects over Drain Field (Y/N): N

SYSTEM EVALUATION / RECOMMENDATIONS

- ☒ No Observable System Defects
☒ System Functioning Properly
-Requires Inspection Every 1 Years
☐ System has FAILED AND REQUIRES IMMEDIATE REPAIRS / REPLACEMENT
- ☐ Effluent Filter Needs To Be Cleaned
☐ System in Need of Pumpout
☐ Maintenance Contract Required
☐ System Requires Minor Maintenance

Remarks:

Inspector Signature: _____

Date: _____

Important Notice: This inspection report indicates the present condition of the system based on State recommended procedures, but is in no way a guarantee or warranty of future performance. The inspection report excludes and does not intend to cover components that are concealed or are otherwise not observable. Dry wells are not included in this inspection.