

TO: **Coastal Resources Management Council**
4808 Tower Hill Road Suite 3
Wakefield, RI 02879
Phone: (401) 783-3370



FROM: Building Official DATE: _____

SUBJ: Application of: _____

Location: _____

Address: _____ Plat No. _____ Lot No. _____

To Construct: _____

I hereby certify that I have reviewed _____ foundation plan(s).
_____ plan(s) for entire structure
_____ site plans

Titled: _____

Date of Plan (last revision): _____

_____ and find that the issuance of a local building permit is not required as in accordance with Section _____ of the Rhode Island State Building Code.

_____ and find that the issuance of a local building permit is required. I hereby certify that this permit shall be issued once the applicant demonstrates that the proposed construction/activity fully conforms to the applicable requirements of the RISBC.

_____ and find that a Septic System Suitability Determination (SSD) must be obtained from the RI Dept. of Environmental Management.

_____ and find that a Septic System Suitability Determination (SSD) need not be obtained from the RI Dept. of Environmental Management.

_____ and find that said plans conform with all elements of the zoning ordinance, and that if said plans require zoning board approval, that the applicant has secured such approval and that the requisite appeal period has passed with no appeal filed or appeal is final. The Zoning Board approval shall expire on _____.

Building Official's Signature Date

_____ and find that said plans conform with all elements of the zoning ordinance, and that if said plans require zoning board approval, that the applicant has secured such approval and that the requisite appeal period has passed with no appeal filed or appeal is final.

Zoning Officer's Signature Date