

HOPKINS HILL FIRE DEPARTMENT

**1 BESTWICK TRAIL
COVENTRY, R.I. 02816
401-821-6866**

APPLICATION FOR PLANS REVIEW

Name of Facility _____

Address _____

Owner _____

Address _____

City _____ State _____ Zip _____ Tel. # _____

Contractor _____ Street Address _____

City _____ State _____ Zip _____ Tel. # _____

Type of Occupancy:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Ambulatory Health Care |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Day-care | <input type="checkbox"/> Industrial | <input type="checkbox"/> One & Two Family Dwelling |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Health Care | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Lodging & Rooming |
| <input type="checkbox"/> Residential Board & Care | <input type="checkbox"/> Educational | <input type="checkbox"/> Detention & Correctional | |

New Building No. of Stories _____ Sq. ft. per floor _____ Total Sq. ft. _____

Addition No. of Stories _____ Sq. ft. of Addition _____ Total Sq. ft. _____

Tent Dimensions _____ Occupant Load _____ Total Sq. ft. _____

Renovations Description: _____

Construction Cost \$ _____ Value of Existing Building \$ _____

Construction Type: I II III IV V Protected Unprotected Hr. Rating

Type of Fuel for Heating: Natural Gas Oil LP Gas Electric

Automatic Sprinkler System Yes No System Type: NFPA 13 NFPA 13R

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 comply with the applicable codes and ordinances of this jurisdiction.

Applicant (Please print) _____ Date _____

Check No. _____ Amount \$ _____ Signature _____