



North Providence Fire Department

1951 Mineral Spring Avenue North Providence, R.I. 02904

Phone: 231-8505 Ext. 304 Fax: 233-1460 E-Mail: firemarshal@northprovidenceri.gov

Plan Review Application

A complete project narrative shall be submitted with four (4) complete sets of plans and this form. However, only one (1) project manual and specifications needs to be submitted. Plans are accepted Monday through Friday 8:00am – 4:00pm.

Date of Submission _____ / _____ / _____

I. GENERAL INFORMATION

Name of Facility _____
Facility Address _____
Facility Owner _____
Mailing Address _____
City _____ **State** _____ **Zip Code** _____
Telephone # _____ **FAX#** _____

General Contractor _____ **RI License#** _____
Contractors Address _____
City _____ **State** _____ **Zip Code** _____
Telephone# _____ **FAX#** _____

Fire Alarm Contractor _____ **RI License#** _____
Address _____
City _____ **State** _____ **Zip Code** _____
Telephone# _____ **FAX#** _____

Engineer _____ **RI License#** _____
Address _____
City _____ **State** _____ **Zip Code** _____
Telephone# _____ **FAX#** _____

Architect _____ **RI License#** _____
Address _____
City _____ **State** _____ **Zip Code** _____
Telephone# _____ **FAX#** _____

II. OCCUPANCY TYPE (Mark all that apply)

EDUCATION _____	ROOMING HOUSE _____	STORAGE _____
MERCANTILE _____	APARTMENT BLDG _____	INDUSTRIAL _____
BUSINESS _____	HOTEL/DORM. _____	DAY CARE _____
HEALTH CARE _____	BOARDING HOUSE _____	TENT _____
AMBULATORY HEALTH CARE _____	DETENTION/CORRECTION _____	
RESIDENTIAL BOARD AND CARE _____	SPECIAL STRUCTURE (SPECIFY) _____	
PLACE OF ASSEMBLY _____	For Restaurants with an occupant load of less than 50 use Mercantile	

Is this a change of occupancy? YES _____ NO _____

III. TYPE OF WORK BEING PROPOSED (Mark all that apply)

NEW BUILDING	_____	SQ. FT. PER FLOOR	_____	TOTAL SQ. FT.	_____
ADDITION	_____	SQ. FT. PER FLOOR	_____	TOTAL SQ. FT.	_____
RENOVATION	_____	SQ. FT. PER FLOOR	_____	TOTAL SQ. FT.	_____
Description of the work to be performed _____					

IV. BUILDING CONSTRUCTION TYPE (See definitions in NFPA 220)

_____ TYPE I (Fire resistive)
_____ TYPE II (Non- combustible or limited combustible)
_____ TYPE III (Ordinary construction)
_____ TYPE IV (Heavy Timber)
_____ TYPE V (Wood Frame)

V. Fire Protection Information (Currently in place)

Sprinkler System	Full _____	Partial _____	Wet _____	Dry _____	Other _____	None _____
Standpipe System	Full _____	Partial _____	None _____			
Fire Alarm System	Local _____	Municipally Connected _____	None _____			
Kitchen Ansul System	_____					

Fire Protection Information (Proposed)

Sprinkler System	Full _____	Partial _____	Wet _____	Dry _____	Other _____	None _____
Standpipe System	Full _____	Partial _____	None _____			
Fire Alarm System	Local _____	Municipally Connected _____	None _____			
Kitchen Ansul System	_____					

VI. OTHER INFORMATION

Estimated cost of construction \$ _____
Estimated value of existing building \$ _____

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 fire codes of the State of Rhode Island.

Telephone # _____ Fax # _____

Print Name _____ Signature _____

Do not write below this line For Fire Department use only

Date Received ____/____/____ Time Received _____

FEE Amount \$ _____ Received By _____

Date Reviewed ____/____/____

☐ Rejected

☐ Approved

Date Released ____/____/____