



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration  
GREEN BUILDING ADVISORY COMMITTEE  
One Capitol Hill  
Providence, RI 02908-5859  
(401)-222-1129 FAX 222-2599

BOARD OF APPEALS USE ONLY

FILE NO. \_\_\_\_\_

DATE \_\_\_\_\_

I THE UNDERSIGNED HEREBY APPEAL TO THE STATE BOARD OF STANDARDS AND APPEALS FROM THE DECISION OF THE (CHECK APPROPRIATE BOX)

\_\_\_\_\_ BUILDING OFFICIAL \_\_\_\_\_

\_\_\_\_\_ BOARD OF APPEALS FROM THE CITY/TOWN OF \_\_\_\_\_  
\_\_\_\_\_ STATE BUILDING  
\_\_\_\_\_ COMMISSIONER

(CHECK APPROPRIATE BOX)  
\_\_\_\_\_ INTERPRETATION \_\_\_\_\_ ORDER \_\_\_\_\_ REQUIREMENT

\_\_\_\_\_ DIRECTION \_\_\_\_\_ FAILURE TO ACT

OTHER EXPLAIN

\_\_\_\_\_ THE UNDERSIGNED HEREBY APPLIES FOR A VARIANCE OR MODIFICATION OF THE APPLICATION OF THE REQUIREMENTS OF SECTION (S) \_\_\_\_\_

OF THE BUILDING CODE,

EXPLAIN THE VARIATION OR MODIFICATION SOUGHT AND STATE BRIEFLY THE REASON THEREFORE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF PREMISES: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ AREA \_\_\_\_\_

DIMENSION OF LOT FRONTAGE \_\_\_\_\_  
DEPTH \_\_\_\_\_ AREA \_\_\_\_\_ SQ. FT. \_\_\_\_\_

ASSESSORS PLAT NUMBER \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

COPY OF ZONING CERTIFICATE \_\_\_\_\_ (IF APPLICABLE SEE LOCAL OFFICIAL)

DESCRIPTION OF EXISTING OR PROPOSED BUILDINGS

NO. OF STORIES \_\_\_\_\_ APPROXIMATE AREA PER FLOOR \_\_\_\_\_

OCCUPANCY OF EACH FLOOR \_\_\_\_\_

STATE PRESENT USE OF PREMISES \_\_\_\_\_

PROPOSED USE OF PREMISES \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

APPELLANT \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

APPELLANT'S CONNECTION TO PROPERTY \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

AUTHORIZED AGENT \_\_\_\_\_

NOTE: APPLICATION FOR APPEAL SHALL BE ACCOMPANIED BY THIRTY (30) COPIES OF THE REQUIRED PLANS FOR REVIEW. THE STATE BOARD OF STANDARDS AND APPEAL MAY REQUEST THAT A LIST OF PROPERTY OWNERS WITHIN 200 FEET BE SUBMITTED PRIOR TO THE HEARING DATE. A COPY OF THE DECISION OF THE LOCAL BOARD OF APPEALS SHALL ACCOMPANY THIS APPLICATION IF THE DECISION OF THE LOCAL BOARD IS BEING CONTESTED.

**AN APPLICATION FEE OF \$100.00 SHALL ACCOMPANY THIS APPLICATION.**