

North Cumberland Fire District Plan Review Application

North Cumberland Fire District Fire Prevention Office
 50 Arnold Mills Rd
 Cumberland Rhode Island 02864
 Telephone 401-333-2244
 Email garon@ncfd.necoxmail.com

Date of Submission	<input type="text"/>
Plan Number	<input type="text"/>
Check Number	<input type="text"/>
Amount	<input type="text"/>

Three (3) complete sets of plans must be submitted along with this form. A plan number will only be given when the plans, this completed form, and a check for the appropriate amount are submitted to this office. Plans are accepted Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m. When notified, plans can be picked up from this office located at 50 Arnold Mills Rd Cumberland, RI.

Name of Facility	<input type="text"/>		
Facility Address	<input type="text"/>		
Facility Owner	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Telephone #	<input type="text"/>	Fax #	<input type="text"/>

General Contractor	<input type="text"/>		RI License #	<input type="text"/>
Contractors Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code
				<input type="text"/>
Telephone #	<input type="text"/>	Fax #	<input type="text"/>	

Fire Alarm Contractor	<input type="text"/>		RI License #	<input type="text"/>
Contractors Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code
				<input type="text"/>
Telephone #	<input type="text"/>	Fax #	<input type="text"/>	

Engineer	<input type="text"/>		RI License #	<input type="text"/>
Contractor Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code
				<input type="text"/>
Telephone #	<input type="text"/>	Fax #	<input type="text"/>	

Architect	<input type="text"/>		RI License #	<input type="text"/>
Contractor Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code
				<input type="text"/>
Telephone #	<input type="text"/>	Fax #	<input type="text"/>	

Type of Occupancy (Mark x at all that apply for mixed use)

Education	<input type="checkbox"/>	Rooming House	<input type="checkbox"/>	Storage	<input type="checkbox"/>
Mercantile	<input type="checkbox"/>	Apartment Bldg	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
Business	<input type="checkbox"/>	Hotel/Dormitory	<input type="checkbox"/>	Day Care	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	Boarding House	<input type="checkbox"/>	Tent	<input type="checkbox"/>
Ambulatory Health Care	<input type="checkbox"/>			Detention/corrections	<input type="checkbox"/>
Residential Board and Care	<input type="checkbox"/>			Special Structure	<input type="checkbox"/>
Place of Assembly	<input type="checkbox"/>			Residential 1,2,3 Family	<input type="checkbox"/>

If assembly specify approximate occupant load _____
For restaurant with occupant load < 50 use mercantile.

Class A >1000

Class B 301-1000

Class C 50-300

Is this a change of occupancy? _____ Yes _____ No

Type of work being proposed (Mark x at 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 work being performed _____

Building Construction Classification (see definitions in NFPA 220)

NFPA 220 Type:

Type I Fire Resistive	I (443)	_____	I (332)	_____
Type II Non Combustible or Limited Combustible	II (222)	_____	II (111)	_____
	II (000)	_____		_____
Type III Ordinary Construction	III (211)	_____	III (200)	_____
Type IV Heavy Timber	IV (2HH)	_____		_____
Type V Wood Frame	V (111)	_____	V (000)	_____

If unknown, write in IBC (international building code) construction classification _____

Number of stories _____

Fire Protection Information (Currently in Place)

Sprinkler System	Full	_____	Partial	_____	Wet	_____	Dry	_____	Other	_____	None	_____
Standpipe System	Full	_____	Partial	_____								
Fire Alarm System	Local	_____	Municipally Connected	_____	Box #	_____						

Fire Protection System Information (Proposed)

Sprinkler System	Full	_____	Partial	_____	Wet	_____	Dry	_____	Other	_____	None	_____
Standpipe System	Full	_____	Partial	_____								
Fire Alarm System	Local	_____	Municipally Connected	_____	Box #	_____						

Other Information

Estimated cost of construction including MEP's _____ Estimated value of existing building _____

Type of heating and/or air conditioning Electric _____ Gas _____ Oil _____

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 applicable fire codes of the State of Rhode Island.

Telephone # _____ Fax # _____
Print Name _____ Signature _____