

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 203

EFFECTIVE ~~APPROVED~~ April 16, 2012

RESOLVED, That the Director of Inspections and Standards is requested to cause the structure at 49 Huber Avenue to be razed due to its hazardous condition.

IN CITY COUNCIL

APR 05 2012

READ AND PASSED

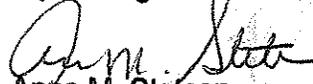


PRES.



CLERK

Effective without the
Mayor's Signature:



Anna M. Stetson
City Clerk

PLEASE PRINT OR TYPE

STATE OF RHODE ISLAND BUILDING PERMIT APPLICATION

AB-2011-11-9634

MUNICIPALITY PROVIDENCE

NUMERICAL CODE 28

PERMIT NO. B2011-3887

APPLICATION DATE 11/29/11

CENSUS TRACT _____

FEE RECEIVED \$ 85

BY Blau, Teresa;

1. STREET LOCATION 49 Huber Ave

2. ZONING DIST. R2

3. PLAT 080

4. LOT 681

5. WARD 6

6. AREA 4,000

Overlay Districts _____

7. REHAB CODE YES NO

8. USE OF STRUCTURE: PREVIOUS TWO FAMILY DWELLING

PROPOSED TWO FAMILY DWELLING

9. OWNER LOUISE DUDZIK

ADDRESS 49 HUBER AVE

PROVIDENCE RI 02909-5543

TEL. NO. _____

10. CONTRACTOR _____

R & P CONSTRUCTION & DEMOLITION

IN STATE YES NO

TEL. NO. _____

11. ADDRESS 30 STARR STREET

JOHNSTON, R.I. 02919

LIC # _____

(401)-944-4221

12. ARCH OR ENG _____

IN STATE YES NO

EXPIR. _____

13. ADDRESS _____

REG # _____

TEL. NO. _____

14. LEAD LIC. NAME _____

IN STATE YES NO

EXPIR. _____

15. ADDRESS _____

LIC # _____

TEL. NO. _____

16. Stamped Prints Yes No

17. CO Required Yes No

18. Fire Fee Yes No

19. Plan Review Yes No

Code _____

20. BBR Yes No

Property Type Two Family

Radon Fee Yes No

21. DESCRIPTION OF WORK TO BE PERFORMED

WORK TYPE: Demolition

22. USE OF EACH FLOOR

Add Floor

Delete Floor

DEMOLITION OF A TWO-STORY, TWO FAMILY DWELLING, AREA INSPECTOR IS STANLEY DICKENSON (401)-680-5453

FLOOR	SUBFLOOR	USE

A. TYPE OF IMPROVEMENT

Modification to Existing

B. OWNERSHIP

Taxable (Private)

C. PRINCIPAL TYPE OF CONSTRUCTION

5B

Sprinkler Type

13 13R 13D None

F. RESIDENTIAL

(COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION)

SINGLE FAMILY

0 TOTAL SINGLE FAMILY UNITS

0 TOTAL NO. OF BEDROOMS

TOTAL # OF BATHS 3 0 FULL 4 0 HALF

MULTI-FAMILY

5 TOTAL NO. OF KITCHENS

TOTAL # OF BATHS 6 0 FULL 7 0 HALF

TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS

8. Effic 0 9.1 0 10.2 0

11. 3 0 12.4 0 13.5 0

14. 0 MORE, Please Specify 0

15. TOTAL NUMBER OF BUILDINGS IN PROJECT _____

O. PERMIT FEES

(BUILDING FEE INFORMATION)

STATE FEE 0 C/O FEE 0

PERMIT FEE 85 TECH FEE 0

PENALTY FEE 0 RADON FEE 0

TOTAL PERMIT FEE 0

MIN DUE FOR PLAN REVIEW 0

PAYMENT RECEIVED 85

Bank Name CITIZENS BANK Check # 7281

REMAINING AMOUNT DUE -85

(FIRE FEE INFORMATION)

TOTAL FIRE FEE 0

PAYMENT RECEIVED _____

Bank Name _____ Check # _____

D. PROPOSED USE RESIDENTIAL

- R1 Hotels
- R2 Apartments
- R3 Attached 1 & 2 Family
- R4 Asst Living 9-16
- Garage
- Other
- Carport
- Manufactured Home
- Swimming Pool
- 1 & 2 Family Detached
- Fireplace

G. FOUNDATION SETS BACK FROM PROPERTY LINES

- 1. Front ft. 0 in. 0
- 2. Rear ft. 0 in. 0
- 3. Left Side ft. 0 in. 0
- 4. Right Side ft. 0 in. 0

J. FLOOD HAZARD AREA YES NO

- 1. Elev. (MSL) of lowest floor incl. basement 0
- 2. Elev. (MSL) of 100 year flood 0

L. NUMBER OF OFF-STREET PARKING SPACES

- 1. ENCLOSED 0
- 2. OUTDOORS 0

M. TYPE OF WATER SUPPLY

Specify Public

N. EQUIPMENT **

- 1. INCINERATOR 0
- 2. ELEVATOR 0

E. PROPOSED USE NON-RESIDENTIAL

- F-2 FACTORY (LOW HAZARD)
- F-1 FACTORY (MOD HAZARD)
- I-1 INSTITUTIONAL GROUP HOME
- I-2 INSTITUTIONAL INCAPACITATED
- I-3 INSTITUTIONAL RESTRAINED
- CARPORT
- A-2 NIGHTCLUBS
- A-4 CHURCHES
- B BUSINESS
- OTHER
- F-1 FACTORY (MOD HAZARD)
- A-1-A THEATERS W/ STAGE
- A-1-B THEATERS W/O STAGE
- S-1 STORAGE MODERATE
- M MERCANTILE
- S-2 STORAGE LOW
- A-3 RESTAURANTS
- A-5 STADIUMS
- E EDUCATIONAL
- SWIMMING POOL
- S-1 STORAGE MODERATE
- SIGNS
- FENCES

H. DIMENSIONS

- 1. No. of Stories 2 2. Basement: YES NO
- 3. Height of Construction Ft. 0 MAX. WIDTH 0 MAX. DEPTH 0
- 4. Total Floor Area Sq. Ft. w/o Basement 0

K. TYPES OF SEWAGE DISPOSAL

Public

3. ISDS NO. _____ DATE _____

I. ESTIMATED COST MATERIAL AND LABOR

- 1. GENERAL \$ 9,000
- 2. ELECTRICAL \$ 0
- 3. PLUMBING AND PIPING \$ 0
- 4. HEATING, AIR COND. \$ 0
- 5. FIRE SUPPRESSION \$ 0
- 6. OTHER, ELEVATOR, ET \$ 0
- TOTAL COST \$ 9,000

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 conform to all applicable codes and ordinances of this jurisdiction.

**IN-STATE CONTRACTOR = 0; **OUT-OF-STATE CONTRACTOR = 1 APPLICANT'S SIGNATURE Teresa Blau FOR _____

**STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION

TEL. NO. 944-4221

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS