

**THE CITY OF PROVIDENCE**  
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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# 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.

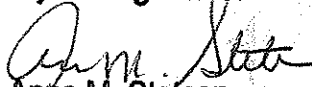
IN CITY COUNCIL

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 PROVIDENCENUMERICAL CODE 28PERMIT NO. B2011-3887APPLICATION DATE 11/29/11

CENSUS TRACT \_\_\_\_\_

FEE RECEIVED \$ 85BY Blau, Teresa;1. STREET LOCATION 49 Huber Ave2. ZONING DIST. R23. PLAT 0804. LOT 6815. WARD 66. AREA 4,000Overlay  
Districts \_\_\_\_\_7. REHAB CODE ☐ YES ☒ NO8. USE OF STRUCTURE: PREVIOUS TWO FAMILY DWELLINGPROPOSED TWO FAMILY DWELLING9. OWNER LOUISE DUDZIKADDRESS 49 HUBER AVE

PROVIDENCE RI 02909-5543

TEL. NO. \_\_\_\_\_

10. CONTRACTOR \_\_\_\_\_

R &amp; P CONSTRUCTION &amp; 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

☒ No Plan Review

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 FloorDEMOLITION 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

## D. PROPOSED USE RESIDENTIAL

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

Other Specify: \_\_\_\_\_

## E. PROPOSED USE NON-RESIDENTIAL

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

## 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. 0 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

## 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

## 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

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

(Enter Number)

2. ELEVATOR 0

## K. TYPES OF SEWAGE DISPOSAL

Public

3. ISDS NO. \_\_\_\_\_ DATE \_\_\_\_\_

## I. ESTIMATED COST MATERIAL AND LABOR

1. GENERAL \$ 9,000

TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST

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

## 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 7281

Check #

REMAINING AMOUNT DUE -85

## FIRE FEE INFORMATION

TOTAL FIRE FEE 0

PAYMENT RECEIVED

Bank Name

Check #

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

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

APPLICANT'S SIGNATURE

FOR

TEL. NO.

944-4221