

Submit to:

Joint Committee on the  
REHABILITATION BUILDING  
AND FIRE CODE  
560 Jefferson Blvd  
Warwick, RI 02886

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STATE OF RHODE ISLAND  
Department of Business Regulation  
Division of Building, Design and Fire Professionals



REHABILITATION BUILDING AND FIRE CODE  
FOR EXISTING BUILDINGS & STRUCTURES

YOUR HEARING HAS BEEN  
ASSIGNED AS FOLLOWS:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**PROPERTY LOCATION/ADDRESS:**

<b>Owner Name:</b> _____  <b>Owner Address:</b> _____ _____	<b>Previous Variance:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If YES, Date:</b> _____ # _____
	<b>TOTAL SQUARE FOOTAGE AS CERTIFIED BY THE LOCAL AHJ</b> _____  <b>Occupancy:</b> _____

<b>Inspection or Plan Review Covering the Property:</b>  <b>DATE:</b> _____  <b>AGENCY</b> _____	<b>APPLICANT</b> <b>Name:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Contact Number:</b> _____
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**Basis For Appeal:**

Item #	Code Section

**Comments:**

**Building is more than ten (10) years old**  
**Building is certified as historical**

**CERTIFICATION BY APPLICANT**

I, THE UNDERSIGNED  OWNER OR  AUTHORIZED REPRESENTATIVE DO HEREBY PETITION THE JOINT COMMITTEE ON THE REHABILITATION BUILDING AND FIRE CODE FOR EXISTING BUILDINGS AND STRUCTURES FOR VARIANCE(S) FROM THE REHABILITATION CODE FOR THE REASONS OUTLINED ABOVE. I UNDERSTAND THAT, AS A CONDITION OF THE REQUESTED VARIANCE(S), AN OVERALL PLAN OF SAFETY FOR THIS FACILITY SHALL BE DEVELOPED BY THE BOARD. I CERTIFY THAT I HAVE THE AUTHORITY TO APPEAR BEFORE THE BOARD AND TESTIFY AS THE OWNER OR ON BEHALF OF THE OWNER(S) OF THIS FACILITY AND TO LEGALLY BIND THE OWNER(S) TO THE OVERALL PLAN OF SAFETY DEVELOPED BY THE BOARD FOR THIS FACILITY. I HAVE REVIEWED THIS ENTIRE APPLICATION AND BELIEVE THE CONTENTS TO BE TRUE AND ACCURATE.

I HAVE ENCLOSED THE MOST RECENT VIOLATION NOTICE, INSPECTION REPORT OR PLAN REVIEW REPORT.

I HAVE ENCLOSED THE NON-REFUNDABLE FILING FEE CALCULATED IN ACCORDANCE WITH R.I.G.L. 23-29.1-4(A) AND THE SQUARE FOOTAGE OF THIS BUILDING AS CERTIFIED BY THE LOCAL AUTHORITY. (CHECKS PAYABLE TO THE STATE OF RHODE ISLAND)

I HAVE ENCLOSED A LETTER OF AUTHORIZATION FROM THE OWNER IF I AM A REPRESENTATIVE AND NOT THE OWNER.

**Date/Signature  
of Applicant:** \_\_\_\_\_