

Submit to:

FIRE SAFETY CODE  
Board of Appeal & Review

560 Jefferson Boulevard  
Warwick, RI 02886-1371

DBR.FireBoard@dbr.ri.gov  
(401) 889-5551

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



FIRE SAFETY CODE  
BOARD OF APPEAL AND REVIEW

YOUR HEARING HAS BEEN  
ASSIGNED AS FOLLOWS:

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

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

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

**PROPERTY LOCATION: →**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Inspection or Plan Review Covering the  
Property:

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

AGENCY \_\_\_\_\_

Basis For Appeal:

Item #	Code Section

Comments:

Request for Time Extension Only  
Request for Relief on All Violations

Previous Variance: ☐ NO ☐ YES

If YES, Date: \_\_\_\_\_ # \_\_\_\_\_

TOTAL SQUARE FOOTAGE AS  
CERTIFIED BY THE FIRE MARSHAL

[Construction Projects Only] \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**CERTIFICATION BY APPLICANT**

I, THE UNDERSIGNED ☐ OWNER OR ☐ AUTHORIZED REPRESENTATIVE DO HEREBY PETITION THE FIRE SAFETY CODE BOARD OF APPEAL AND REVIEW FOR VARIANCE(S) FROM THE FIRE SAFETY CODE FOR THE REASONS OUTLINED ABOVE. I UNDERSTAND THAT, AS A CONDITION OF THE REQUESTED VARIANCE(S), AN OVERALL PLAN OF FIRE 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 FIRE 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. 23-28.3-5(b) AND THE SQUARE FOOTAGE OF THIS BUILDING AS CERTIFIED BY THE FIRE MARSHAL. ( **CHECK PAYABLE TO THE STATE OF RI** )

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

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