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: →			
		Previous Variance: ☐ NO ☐ YES	
Owner N	ame:	If YES, Date: #	
Owner Address:		TOTAL SQUARE FOOTAGE AS CERTIFIED BY THE FIRE MARSHAL	
		[Construction Projects Only]	
_	on or Plan Review Covering the	<u>APPLICANT</u>	
Property:		Name:	
DATE:		Address:	
AGENCY		City/State:	
AGENCI		Contact Number:	
Basis For Appeal:		CERTIFICATION BY APPLICANT	
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Item #	Code Section	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. (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.	
Request for Time Extension Only		Date/Signature	
Request for Relief on All Violations		of Applicant:	