



City of Providence
Department of Public Works
 ENGINEERING DIVISION
PHYSICAL ALTERATION PERMIT APPLICATION

Date: _____
Fee: _____

PROPERTY OWNER: _____
(PRINT NAME)

(PROPERTY OWNER ADDRESS) PHONE: _____

CONTRACTOR: _____
(IF BUSINESS, PRINT NAME OF OWNER OR PRINCIPAL)

(DEVELOPER ADDRESS) PHONE: _____

ENGINEER: _____
(NAME)

(ENGINEER ADDRESS) PHONE: _____

TYPE OF APPLICATION; INDIVIDUAL SINGLE FAMILY _____ ALL OTHERS _____

LOCATION OF WORK: _____
(BE SPECIFIC)

PURPOSE OF PERMIT: _____

<small>(PRINT PROPERTY OWNER'S NAME)</small>	<small>(PRINT CONTRACTOR'S NAME)</small>	<small>(PRINT ENGINEER'S NAME)</small>
<small>(PROPERTY OWNER'S SIGNATURE)</small>	<small>(CONTRACTOR'S SIGNATURE)</small>	<small>(ENGINEER'S SIGNATURE)</small>
DATE	DATE	DATE

DO NOT WRITE BELOW THIS LINE

City of Providence
Department of Public Works

THIS PERMIT VALID FOR ONE YEAR DATE OF APPROVAL
 SUBJECT TO CONDITIONS LISTED BELOW

CONDITIONS OF APPROVAL

<p><u>ENGINEERING DIVISION</u></p> <p>APPROVED BY: _____</p> <p>INSPECTED BY: _____</p> <p style="text-align: right;">DATE: _____</p> <p>1. Orig. 2. Chief Eng. 3. Applicant's Copy</p>	<p><u>DEPARTMENT OF PUBLIC WORKS</u></p> <p>APPROVED BY: _____</p> <p>DATE: _____ CHIEF ENGINEER <small>(REQUIRED FOR OTHER THAN SINGLE FAMILY DWELLING)</small></p>
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