DO NOT WRITE IN THIS BOX
APPLICATION NUMBER
DATE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF TRANSPORTATION

PHYSICAL ALTERATION PERMIT APPLICATION

APPLICANT: (PERMITTEE) _____ PRINT NAME _____ SIGNATURE AND DATE

_____ APPLICANT'S ADDRESS _____ PHONE NUMBER _____

PROPERTY OWNER: _____ PRINT NAME _____ SIGNATURE AND DATE

_____ PROPERTY OWNER'S ADDRESS _____ PHONE NUMBER _____

DEVELOPER _____ PRINT NAME (IF BUSINESS, PRINT NAME OF OWNER OR PRINCIPAL) _____ SIGNATURE AND DATE

_____ DEVELOPER'S ADDRESS _____ PHONE NUMBER _____

ENGINEER _____ PRINT NAME _____ SIGNATURE AND DATE

_____ ENGINER'S ADDRESS _____ PHONE NUMBER _____

TYPE OF APPLICATION: SINGLE FAMILY _____ ALL OTHERS _____

LOCATION OF WORK _____
(BE SPECIFIC - HIGHWAY, MUNICIPALITY, STATION, POLE NUMBERS, ETC.)

PURPOSE OF PERMIT _____
ATTACH SEPARATE SHEET IF NECESSARY

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION UNDER THE AUTHORITY OF THE RHODE ISLAND GENERAL LAWS OF 1956.

APPLICANT'S SIGNATURE: _____ DATE _____

DO NOT WRITE BELOW THIS LINE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF TRANSPORTATION

PHYSICAL ALTERATION PERMIT

This permit valid for one year from the date of approval, subject to the conditions listed below and attached:

CONDITIONS OF APPROVAL:

DIVISION OF MAINTENANCE	DIVISION OF PUBLIC WORKS
APPROVED ☐ DENIED ☐	APPROVED ☐ DENIED ☐
ASSISTANT DIRECTOR OF TRANSP. MAINT.	ASSISTANT DIRECTOR OF TRANSPORTATION/PUBLIC WORKS DATE: (REQUIRED FOR OTHER THAN SINGLE FAMILY DWELLING)

ORIGINAL - WHITE ASSISTANT DIRECTOR - GREEN MAINTENANCE DIVISION - YELLOW MAINTENANCE ENGINEER - PINK OPERATING UNIT - GOLDENROD