

ARBORIST PERMIT APPLICATION

MUNICIPALITY: **TOWN OF JOHNSTON**

APPLICATION DATE: _____

OFFICE USE:

NUMERICAL CODE: _____

PERMIT NO.: _____

FEE RECEIVED: _____

BY: _____

01. STREET LOCATION _____

02. ZONING DISTRICT _____

03. Plat/Map: _____

04. Lot/Block _____

0.5 Permit review

Residential - single lot

(check one)

Residential - subdivision

Residential - multifamily

Residential - planned division

Nonresidential - less than 1/2 acre

Nonresidential - 1/2 acre to less than 5 acres

Nonresidential - 5 acres or more disturb 1 acre or less

Nonresidential - 5 acres or more disturb more than 1 acre

Retaining Walls

Landscaping

06. Ownership (circle one) PUBLIC or PRIVATE

07. OWNER: _____

09. ADDRESS: _____

CONTRACTOR OR THE COMPANY DOING THE WORK

10. CONTRACTOR _____

11. TEL.NO. _____

12. CONTRACTOR ADDRESS _____

13. RI CONTR. REG # _____

14. EXPIR. DATE _____

15. DESCRIPTION OF WORK TO BE PERFORMED: _____

NUMBER OF TRUCKS _____ X \$15.00 _____ PER DAY= TOTAL PERMIT FEE \$ _____

Provided that the person accepting this permit shall in ever respect conform to the terms of the application on file in this office and to the provisions of the Statutes and Ordinances relateing to Health/Safety, Zoning, Construction, DEM, Planning and Erosion in the municipality and shall begin work on said site within **SIX MONTHS** from the date hereof and prosecute the work thereon to a speed completion.

Any person who shall violate any of the Statutes and Ordinance relating to Health/Safety, Zoning, Construction, DEM, Planning and Soil Erosion in the municipality shall be punished by penalties imposed by the State Building Code =, RIDEM, and Local Ordinances.

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this site and the undersigned agree to conform to all applicable codes and ordinance of this jurisdiction

Tel. No.

Applicant's Signature:

For:

Date: