

Scituate Fire Departments

North Scituate Fire Department

Station 20

201 Danielson Pike

Mailing Address

P.O. Box 357

North Scituate, RI 02857

Business: (401) 647-9298

Fax: (401) 647-2497

Station (401) 647-3372

Hope-Jackson Fire Department

Station 40

117 Main Street

Mailing Address

P.O. Box 201

Hope, RI 02831

Business: (401) 828-6460

Fax: (401) 823-5368

Potterville Fire Department

Station 50

953 Tunk Hill Road

Mailing Address

953 Tunk Hill Road

Foster, RI 02825

Business: (401) 647-3505

Fax: (401) 647-4392

Chopmist Hill Fire Department

Station 60

1362 Chopmist Hill Road

Mailing Address

P.O. Box 415

North Scituate, RI 02857

Business: (401) 647-7205

Fax: (401) 647-0497

Procedure

1. Contact the appropriate district's business number. Leave day and evening phone numbers.
 2. The representative from that district will set up an appointment for you to deliver the plans.
 3. The attached Plan Review Request form needs to be filled out **COMPLETELY**.
 4. Request's for Residential Plan Reviews must list fuel type(s) that will be used in the dwelling as well as locations for devices if other than basement and kitchen. (Example: Gas fire place in master bedroom)
 5. If needed additional pages can be attached for comments.
 6. Three (3) sets of building plans and one (1) site plan must be submitted to the Fire Department (one (1) set will be kept by the Department), the remaining two (2) sets will be returned to you. Site Plan will be kept by the department.
 7. Payment for the review is due at time of plan delivery to the district (See Plan Review Fee Schedule)
 8. The representative will advise you when plans will be completed.
- Please Note: Commercial review may take 30 days or more depending on the size and complexity of the building.

NOTE: PLANS LACKING 1 COPY OF SITE PLAN WILL NOT BE ACCEPTED or REVIEWED

Plan Review Fee Schedule

All Residential Plans (3 units or less)

\$50.00

Plan Review Request

Owner's Name: _____

Owner's Address: _____

City/Town: _____ State: _____ Zip: _____

Owner's Phone Numbers:

Daytime Phone Number: _____

Evening Phone Number: _____

Pager: _____

Cell: _____

Address of Construction: _____

Plat: _____ Lot: _____

Contractor's Name: _____

Contractor's Contact Name: _____

Contractor's Phone Numbers:

Daytime Phone Number: _____

Evening Phone Number: _____

Pager: _____

Cell: _____

Residential Construction Questions

Type of Construction: New Addition Renovation

Year of Original Construction: _____ Number of Stories: _____

Number of Bedrooms: _____ Number of Dwelling Units: _____

List Rooms/areas where gas and/or oil appliances will be present: (Example: Gas Fire Place in Master Bedroom)

Comments: _____

For Office Use Only

Plans Received On: _____ **3 Sets** **1 Site Plan** Fee pd: _____

Plans Received By: _____

Plans Reviewed On: _____ By: _____
