

PLEASE PRINT OR TYPE

# BUILDING PERMIT APPLICATION

PLEASE PRINT - APPLICANT TO COMPLETE ALL ITEMS

MUNICIPALITY \_\_\_\_\_ NUMERICAL CODE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
 APPLICATION DATE \_\_\_\_\_ CENSUS TRACT \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ BY \_\_\_\_\_  
 1. STREET LOCATION \_\_\_\_\_ 2. ZONING DISTRICT \_\_\_\_\_  
 3. PLAT/MAP \_\_\_\_\_ 4. LOT/BLOCK \_\_\_\_\_ 5. FILE/PARCEL \_\_\_\_\_ 6. AREA \_\_\_\_\_ 7. REHAB CODE (Circle one) YES NO  
 8. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED \_\_\_\_\_  
 9. OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 10. CONTRACTOR (0 OR 1\*) \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 11. CONTRACTOR ADDRESS \_\_\_\_\_ 12. RI CONTR. REG. # \_\_\_\_\_ 13. EXPIR. DATE \_\_\_\_\_  
 14. ARCH. OR ENG. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 15. LEAD LICENSE NAME \_\_\_\_\_ 16. LIC. # \_\_\_\_\_ 17. EXPIR. DATE \_\_\_\_\_  
 18. RHODE ISLAND REG. NO. \_\_\_\_\_ 19. Stamped Prints (Circle one) Yes No 20. Certificate of Occupancy Required Yes No  
 21. DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_

22. USE OF EACH FLOOR  
 BSMT. \_\_\_\_\_  
 1st \_\_\_\_\_  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_  
 Other \_\_\_\_\_

TYPE AND COST OF BUILDING - PLEASE CHECK APPROPRIATE ITEMS AND ENTER REQUESTED DATA

<b>A. TYPE OF IMPROVEMENT</b> 1. _____ NEW STRUCTURE 2. _____ ADDITION TO EXISTING 3. _____ MODIFICATION TO EXISTING 4. _____ FOUNDATION ONLY	<b>B. OWNERSHIP</b> PUBLIC _____ PRIVATE _____ 1. _____ STATE 4. _____ TAXABLE 2. _____ CITY OR TOWN 5. _____ TAX EXEMPT 3. _____ OTHER SPECIFY _____	<b>C. PRINCIPAL TYPE OF CONSTRUCTION</b> (CONSTRUCTION CLASS (Check one)) 1. 1A _____ 4. 2B _____ 7. 4 _____ 2. 1B _____ 5. 3A _____ 8. 5A _____ 3. 2A _____ 6. 3B _____ 9. 5B _____
<b>D. PROPOSED USE RESIDENTIAL</b> 1. _____ R-1 HOTELS 2. _____ R-2 APARTMENTS 3. _____ R-3 Attached One and Two Family 4. _____ R-4 ASSISTED LIVING 9 -16 5. _____ GARAGE 6. _____ CARPORT 7. _____ MANUFACTURED HOME 8. _____ SWIMMING POOL 9. _____ One and Two Family Detached 10. _____ FIREPLACE 11. _____ OTHER SPECIFY _____	<b>E. PROPOSED USE NON-RESIDENTIAL</b> 1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED 2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED 3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED 4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE 5. _____ B BUSINESS 17. _____ M MERCANTILE 6. _____ F-1 FACTORY (MOD HAZARD) 18. _____ S-1 STORAGE MOD HAZARD 7. _____ F-2 FACTORY (LOW HAZARD) 19. _____ S-2 STORAGE LOW HAZARD 8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS 9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. OTHER _____ 10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD SPECIFY _____ 11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC 22. MIXED USE _____ 12. _____ H-5 HIGH HAZARD, HPM	<b>F. RESIDENTIAL</b> (COMPLETE FOR NEW BUILDINGS AND RECONSTRUCTION) <b>SINGLE FAMILY</b> 1. _____ TOTAL SINGLE FAMILY UNITS 2. _____ TOTAL NO. OF BEDROOMS TOTAL NO. OF BATHROOMS 3. _____ Full 4. _____ Half <b>MULTI-FAMILY</b> 5. _____ TOTAL NO. OF KITCHENS TOTAL NO. OF BATHROOMS 6. _____ Full 7. _____ Half TOTAL NO. OF APARTMENTS BY NO. OF BEDROOMS 8. Effic. _____ 9. 1 _____ 10. 2 _____ 11. 3 _____ 12. 4 _____ 13. 5 _____ 14. _____ MORE, Please Specify _____ 15. _____ TOTAL NUMBER OF BUILDINGS IN PROJECT.
<b>G. FOUNDATION SETS BACK FROM PROPERTY LINES</b> 1. FRONT _____ ft. _____ in. 2. REAR _____ ft. _____ in. 3. LEFT SIDE _____ ft. _____ in. 4. RIGHT SIDE _____ ft. _____ in.	<b>H. DIMENSIONS</b> 1. No. of Stories _____ 2. Basement Yes No _____ 3. Height of Construction Ft. _____ MAX. WIDTH _____ MAX. DEPTH _____ 4. Total Floor Area Sq. Ft. w/o Basement _____	<b>I. ESTIMATED COST MATERIAL AND LABOR</b> 1. GENERAL \$ _____ .00 TO BE INSTALLED BUT NOT INCLUDED IN THE ABOVE COST 2. ELECTRICAL \$ _____ .00 3. PLUMBING OR PIPING \$ _____ .00 4. HEATING, AIR COND. \$ _____ .00 5. FIRE SUPPRESSION \$ _____ .00 6. OTHER, ELEVATOR, ETC. \$ _____ .00 <b>TOTAL COST \$ _____ .00</b>
<b>J. FLOOD HAZARD AREA - 1. YES 2. NO</b> 1. Elev. (MSL) of lowest floor incl. basement _____ 2. Elev. (MSL) of 100 year flood _____	<b>K. TYPES OF SEWAGE DISPOSAL</b> 1. _____ PUBLIC 2. _____ PRIVATE SYSTEM* 3. ISDS NO. _____ DATE _____	<b>O. FEES</b> 1. MUNICIPAL BUILDING PERMIT FEE = \$ _____ .00 2. STATE FEE = \$ _____ .00 3. RADON = \$ _____ .00 <b>TOTAL PERMIT FEE \$ _____ .00</b> (1 & 2 FAMILY DWELLING LIMITED) (TO STATE FEE OF \$50.00)
<b>L. NUMBER OF OFF-STREET PARKING SPACES</b> 1. ENCLOSED _____ 2. OUTDOORS _____	<b>M. TYPE OF WATER SUPPLY</b> 1. _____ PUBLIC 2. _____ PRIVATE 3. _____ INDIVIDUAL WELL	<b>N. EQUIPMENT*</b> 1. INCINERATOR _____ 2. ELEVATOR _____ (Enter Number)

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

\* IN-STATE CONTRACTOR = 0 OUT-OF-STATE CONTRACTOR = 1 TEL. NO. \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

\* STATE APPROVAL REQUIRED. SEE BACK OF FORM FOR INFORMATION. FOR \_\_\_\_\_

# PLUMBING PERMIT APPLICATION

MUNICIPALITY \_\_\_\_\_ NUMERICAL CODE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
 APPLICATION DATE \_\_\_\_\_ CENSUS TRACT \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ BY \_\_\_\_\_

New or Old Bldg.  
 2. No. of Stories \_\_\_\_\_

1. STREET LOCATION \_\_\_\_\_
3. PLAT/MAP \_\_\_\_\_ 4. LOT/BLOCK \_\_\_\_\_ 5. FILE/PARCEL \_\_\_\_\_ 6. PRIVATE SEWAGE: ISDS NO. \_\_\_\_\_ DATE \_\_\_\_\_
7. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED \_\_\_\_\_
8. OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_
9. MASTER PLUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_
10. ARCH. OR ENG. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_
11. STAMPED PRINTED (Circle one) YES NO 12. RHODE ISLAND REG. NO. \_\_\_\_\_ 13. MASTER PLUMBER LIC. NO. \_\_\_\_\_
14. DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_
15. ESTIMATED COST: \$ \_\_\_\_\_

MUNICIPAL PLUMBING PERMIT FEE:				
CE/ADA FEE: _____ x .001	=		=	\$ _____
ESTIMATED COST x .001	=		=	\$ _____
( 1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$50.00 )				
<b>TOTAL PERMIT FEE</b>			=	\$ _____

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

### MASTER PLUMBER'S SIGNATURE

	WATER CLOSET	SINKS	LAV. SINKS	BATH TUB	SHOWER STALL	HOT WATER HEATER	TEMP. PRESS. VALVE	VAC. BREAKER	WASH TUB	SLOP SINK	URINAL	FLOOR DRAIN	DISH WASHER	DRINKING FOUNT.	AUTO WASHER	STACKS	HOSE BIBBS	ANTI-SIPHON DEVICES	INDIRECT WASTES	BACKFLOW PREVENTERS	PRESSURE BOILER	YARD OR AREA DRAINS	CONNECT TO SEWER	OTHER
BASEMENT																								
1ST STORY																								
2ND STORY																								
3RD STORY																								
4TH STORY																								
5TH STORY																								
6TH STORY																								
7TH STORY																								
8TH STORY																								
9TH STORY																								
10TH STORY																								
TOTALS																								
TRAP TYPE																								
PIPE MAT'L																								
VENTED TO ROOF																								

**DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT**

**Inspections:**  
 Rough \_\_\_\_\_  
 \_\_\_\_\_  
 FINAL \_\_\_\_\_  
 Disapproved\* \_\_\_\_\_  
 \*For the following reasons: \_\_\_\_\_

**PERMIT GRANTED:**  
 DATE \_\_\_\_\_  
 BY \_\_\_\_\_  
 PLUMBING INSPECTOR

### CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE \_\_\_\_\_ PLUMBING INSPECTOR \_\_\_\_\_

# ELECTRICAL PERMIT APPLICATION

MUNICIPALITY \_\_\_\_\_ NUMERICAL CODE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_ CENSUS TRACT \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ BY \_\_\_\_\_

1. STREET LOCATION \_\_\_\_\_ POLE NO. or UNDERGROUND NO. \_\_\_\_\_

2. PLAT/MAP \_\_\_\_\_ 3. LOT/BLOCK \_\_\_\_\_ 4. FILE/PARCEL \_\_\_\_\_ 5. FLOOR LOCATION \_\_\_\_\_

6. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED \_\_\_\_\_

7. \_\_\_\_\_ Temporary \_\_\_\_\_ New Installation \_\_\_\_\_ Change of Service \_\_\_\_\_ Starting Date \_\_\_\_\_

8. OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

9. ELECTRICAL CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

10. ARCH. OR ENG. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

11. STAMPED PRINTS (Circle one) YES NO 12. RHODE ISLAND REG. NO. \_\_\_\_\_ 13. ELECTRICIAN'S LIC. NO. \_\_\_\_\_

14. DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_

15. Service entrance voltage \_\_\_\_\_ Amperage \_\_\_\_\_ Phase \_\_\_\_\_ No. of Meters \_\_\_\_\_

16. Wire size (cu. or al.) \_\_\_\_\_ Conductor Per Phase \_\_\_\_\_

17. Estimated load: Electrical Heat \_\_\_\_\_ k.w. Lights \_\_\_\_\_ k.w. Range \_\_\_\_\_ Dryer \_\_\_\_\_ Motors, H.P., Phase \_\_\_\_\_

18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ \_\_\_\_\_

MUNICIPAL ELECTRICAL PERMIT FEE:		= \$ _____
CE & ADA FEE: _____ x .001		= \$ _____
(1 & 2 FAMILY DWELLINGS LIMITED) TO CE & ADA FEE OF \$50.00	COST OF INSTALLATION x .001	
	<b>TOTAL PERMIT FEE</b>	= \$ _____

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

ELECTRICAL CONTRACTOR'S SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**ELECTRICAL WIRING PERMIT**

**Inspections**

**Date**

Temporary Service \_\_\_\_\_

Roughing In \_\_\_\_\_

Service & Meter \_\_\_\_\_

Off Peak Meter \_\_\_\_\_

Final Approval \_\_\_\_\_

Disapproved\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMIT GRANTED

DATE \_\_\_\_\_

BY \_\_\_\_\_  
ELECTRICAL INSPECTOR

\*For the following reasons \_\_\_\_\_

## CERTIFICATE OF INSPECTION

DATE \_\_\_\_\_

To the Electric Utility Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

\_\_\_\_\_  
ELECTRICAL INSPECTOR

# MECHANICAL PERMIT APPLICATION

CA BC-4

MUNICIPALITY \_\_\_\_\_ NUMERICAL CODE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
 APPLICATION DATE \_\_\_\_\_ CENSUS TRACT \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ BY \_\_\_\_\_

1. STREET LOCATION \_\_\_\_\_ No. of Stories \_\_\_\_\_  
 2. PLAT/MAP \_\_\_\_\_ 3. LOT/BLOCK \_\_\_\_\_ 4. FILE/PARCEL \_\_\_\_\_ 5. MATERIAL OF STRUCTURE IS \_\_\_\_\_  
 6. USE OF STRUCTURE: PREVIOUS \_\_\_\_\_ PROPOSED \_\_\_\_\_  
 7. OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 8. CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 9. ARCH. OR ENG. \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
 10. STAMPED PRINTS YES \_\_\_ NO \_\_\_ 11. ARCH. OR ENG. REG. NO. \_\_\_\_\_ 12. CONTRACTOR'S LIC. NO. \_\_\_\_\_  
 13. RATING OF BOILER OR FURNACE \_\_\_\_\_ Drawings submitted Yes \_\_\_ No \_\_\_  
 14. Check one: \_\_\_ Construct \_\_\_ Install \_\_\_ Replace \_\_\_ Reconstruct 15. Estimated Cost of Labor and Material: \$ \_\_\_\_\_  
 16. Floor location of equipment \_\_\_ Cellar \_\_\_ 1st Fl. \_\_\_ 2nd Fl. \_\_\_ 3rd Fl. \_\_\_ Other \_\_\_\_\_  
 17. CAPACITY of STORAGE TANK \_\_\_\_\_ EXISTING \_\_\_\_\_ NEW \_\_\_\_\_  
 18. DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 19. Estimated Cost of Labor and Materials: \$ \_\_\_\_\_

<b>MUNICIPAL MECHANICAL PERMIT FEE:</b>		= \$ _____
CE & ADA FEE : _____ x .001		= \$ _____
ESTIMATED COST x .001		= \$ _____
( 1 & 2 FAMILY DWELLINGS LIMITED ) TO CE & ADA FEE OF \$50.00	<b>TOTAL PERMIT FEE</b>	= \$ _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all application codes and ordinances of the municipality.

Tel. No. \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

Installation for: Incinerators w/ or w/o Air Pollution Control, Settling Chambers, Scrubber Afterburner.  This Application to Install or Renovate the above must also be reviewed by:  <b>R.I. DEPT. OF HEALTH</b> DIVISION OF AIR POLLUTION CONTROL Davis Street Providence, R.I. 02903	Boiler Installations, 200,000 BTU or more, or for Dwellings of 6 Units or More.  This Application to Install or Renovate the above must also be reviewed by:  <b>R.I. DEPT. OF LABOR</b> DIVISION OF OCCUPATIONAL SAFETY, BOILER UNIT 220 Elmwood Avenue Providence, R.I. 02907	Elevators, Dumbwaiters, Moving Stairs, and certain other Conveying Devices.  This Application to Install or Renovate the above must also be reviewed by:  <b>R.I. DEPT. OF LABOR</b> DIVISION OF OCCUPATIONAL SAFETY, ELEVATOR UNIT 220 Elmwood Avenue Providence, R.I. 02907
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**DO NOT WRITE BELOW THIS LINE MECHANICAL PERMIT**

PERMIT GRANTED:

DATE \_\_\_\_\_

BY \_\_\_\_\_  
MECHANICAL INSPECTOR

# MOVING OR DEMOLITION PERMIT APPLICATION

MUNICIPALITY \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
NUMERICAL CODE \_\_\_\_\_ FEE RECEIVED \$ \_\_\_\_\_ BY \_\_\_\_\_

## MOVING ONLY

To the Building Official:

The undersigned hereby applies for a permit to move a building and hereby agrees to make said building conform to the requirements of law for a new building in the new location, and further agrees to conform to all the requirements and restrictions imposed by law relative to the moving of buildings, and to post a certificate of liability insurance and a 100% performance bond, when required.

To be moved from \_\_\_\_\_ and placed on \_\_\_\_\_  
\_\_\_\_\_ and to be moved over the following route  
\_\_\_\_\_

\_\_\_\_\_ and,  
to be moved by \_\_\_\_\_ date of proposed moving \_\_\_\_\_

Dimensions of structure: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Stories \_\_\_\_\_

Plat/Map # \_\_\_\_\_ Lot/Block # \_\_\_\_\_ File/Parcel # \_\_\_\_\_ Area \_\_\_\_\_

Said structure to be used for \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_

Bond/  
Insurance Posted \_\_\_\_\_  
*Signature of owner or authorized agent*  
Date \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

*OWNER!*

## DEMOLITION ONLY

To The Building Official:

The undersigned hereby applies for a permit to demolish a building and agrees to observe and conform to all the conditions, limitations and requirements of the State Building Code and to post a 100% performance bond and a certificate of insurance, when required.

Location \_\_\_\_\_ Type of construction \_\_\_\_\_

Former building use \_\_\_\_\_ Stories \_\_\_\_\_

Plat/Map # \_\_\_\_\_ Lot/Block # \_\_\_\_\_ File/Parcel # \_\_\_\_\_ Area \_\_\_\_\_

Building Wrecker \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

Insurance  
Bond Posted \_\_\_\_\_  
Date \_\_\_\_\_  
*Signature of owner or authorized agent*

\_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

*Written notification by registered mail must be made 10 days prior to demolition to all utilities and 48 hours notification to DIG SAFE in accordance with the State Law Title 39 Chapter 39. Call 1-800-225-4977.*

I hereby (approve) or (disapprove) this application as set forth:

\_\_\_\_\_  
*Building Official*

Reason for disapproval: \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS ON REVERSE SIDE OF WHITE COPY  
OFFICE FILE LOCATION: \_\_\_\_\_ 0314

NOTE: ALL QUESTIONS ON THIS PAGE MUST BE ANSWERED

20

The undersigned have cut electrical power lines, telephone and telegraph wires and shut off and capped all gas, water, steam and other service lines before demolition or removal of said building is started.

Telephone Company

Electrical Company

Public Works Department

Gas Company

20

The undersigned abutting owners and tenants hereby give their consent to cut and disturb such trees and shrubs on their premises as may be necessary in moving or demolition of said building.

20

I hereby give my consent to cut and disturb such trees and shrubs as may be necessary for passage on \_\_\_\_\_ for the purpose of moving or demolition of said building.

Public Works Director

20

We hereby give our consent to move said building over the aforementioned route.

Fire Chief

Police Chief

20

APPLICANT \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 DATE \_\_\_\_\_  
 NO. \_\_\_\_\_  
 Application for permission to move or demolish a building.

Building Official \_\_\_\_\_  
 Signature of owner or authorized agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel. No. \_\_\_\_\_  
 Estimated Cost \$ \_\_\_\_\_  
 Parcel # \_\_\_\_\_  
 Area \_\_\_\_\_  
 Type of construction \_\_\_\_\_  
 Location \_\_\_\_\_