

APPLICATION TO THE ZONING BOARD OF REVIEW
Town Of West Greenwich, Rhode Island

APPLICANT: _____

The Zoning Board application must be reviewed for completeness by the Town Planner prior to submission to the Zoning Board of Review. Please contact the office of the Town Planner to schedule this meeting.

The applicant is to provide the following with a completed application form to the office of the Town Clerk:

- Copies of location plans, specifications and drawings to fully describe the request with your application. 10 copies are required. Additional copies may be required by Town Planner.
- A list of property owners within two-hundred feet (200') of the subject property. This list must include the full names and mailing addresses for notification of the Zoning Board Public Hearing.
- A \$200.00 filing fee. Applicant will also be billed for cost of legal advertisement for hearing.

The Zoning Board of Review, upon receipt of an application for an appeal, variance, or special use permit, may request an advisory opinion from the Planning Board and Conservation Commission, based upon consultation with any other town department as necessary, including the Town Planner, Highway Supervisor, local Fire Chief, and town engineer.

FOR OFFICE USE ONLY

Meeting with Town Planner _____

Date of application submitted for filing: _____

Date of Hearing by Zoning Board: _____

Deadline Date for Mailing Notices to Abutters and Submission of Legal Ad: _____

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SECTION I

1. Applicant (s) Name (s): _____
2. Street Address of premises: _____
3. Assessor's Plat: _____ Lot: _____
4. Application for (check all that apply):
_____ Special Use Permit
_____ Use Variance
_____ Dimensional Variance
_____ Appeal of Decision by Building Inspector/Zoning Enforcement Officer
5. Proposed use of premises: _____
6. Summarize the proposed alterations, additions or other activity requested:

SECTION II

7. Applicant(s) Address: _____ Telephone: _____

8. Property Owners Name: _____ Address: _____
Telephone: _____
9. Purchaser/Leasee: _____ Address: _____
Telephone: _____
10. Dimensions of lot:
Frontage: _____ Depth: _____ Area: _____ Sq. Ft.
11. Existing buildings on premises:
- | | Building Size (Sq. Ft.) | Building Height | Current Use |
|----|-------------------------|-----------------|-------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
12. Number of families for which the building is to be arranged: _____
13. How long have you owned the property? _____
14. Please specify the regulations to which relief is sought:
Article: _____, Section: _____, Subsection(s)/Usecode: _____
Article: _____, Section: _____, Subsection(s)/Usecode: _____
15. Present use of premises: _____
