Town Of West Greenwich, Rhode Island

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The Zoning Board application must be reviewed for completeness by the Zoning Board Clerk prior to submission to the Zoning Board of Review.

The applicant is to provide the following to the office of the Zoning Board Clerk:

- 10 Copies of this completed application form for Residential projects.
- 20 Copies of this completed application form for Non-residential projects.
- Copies of location plans, specifications and drawings to fully describe the request with your application.
 10 copies are required for residential projects.
 20 copies are required for non-residential projects which require an advisory opinion from the Planning Board.
 10 additional copies may be required for the Conservation Commission.
- 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 certified mailings and 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. This may require additional copies of the application and plans.

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:
Number of Certified Mailings: Cost	:
Legal Ad Fees:	

Town Of West Greenwich, Rhode Island

SECTION I

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3. Assessor's Plat:	Lot:	Zone Classification:	
U	pecial Use Permit se Variance vimensional Variance	ce by Building Inspector/Zoning	g Enforcement Officer
5. Proposed use of premis	ses:		
6 Summariza the propose	d alterations additi	ons or other activity requeste	od.
		ons of other activity requests	
CTION II			
7. Applicant(s) Address:_		Telephone:	
_			
8. Property Owners Name	e:	Address:	
Telepho	ne:		
9. Purchaser/Leasee:		Address:	
Telephone:			
10. Dimensions of lot:			
Frontage:	Depth:	Area:	Sq. F
a	Size (Sq. Ft.)	Building Height	
12. Number of families to	or which the building	g is to be arranged:	
13. How long have you o	wned the property?		_
	ulations to which re	elief is sought:	
14. Please specify the reg		C	Usecode:
14. Please specify the reg	, Section:	, Subsection(s)/	

Town Of West Greenwich, Rhode Island

CTION III	
	pecial Use Permit for an Elderly and/or Handicapp (C, C, 2, (3), g. The following information is required
17. Property owner/dwelling occupant:	
18. Occupant (s) of elderly and/or handicapped f	family in-law apartment:
19 The need for a elderly and/or handicapped far	mily in-law apartment is based on the following:
19 The need for a elderly and/or handicapped far	mily in-law apartment is based on the following:
	elderly and/or handicapped family in-law apartmen
20. Relationship and signature of occupant (s) of	elderly and/or handicapped family in-law apartmen
20. Relationship and signature of occupant (s) of Signature	elderly and/or handicapped family in-law apartmen
20. Relationship and signature of occupant (s) of	elderly and/or handicapped family in-law apartmen
20. Relationship and signature of occupant (s) of Signature SECTION IV 21. I the undersigned hereby applies to the Zonin regulations of the Zoning Ordinance affecting the	elderly and/or handicapped family in-law apartmen Relationship to property owner/dwelling Reside g Board of Review for relief from the provisions or a aforementioned premises in the manner and on the
20. Relationship and signature of occupant (s) of Signature SECTION IV 21. I the undersigned hereby applies to the Zonin regulations of the Zoning Ordinance affecting the grounds herein set forth and hereby give authoriz	elderly and/or handicapped family in-law apartmen Relationship to property owner/dwelling Reside g Board of Review for relief from the provisions or e aforementioned premises in the manner and on the exation to file this application:
20. Relationship and signature of occupant (s) of Signature SECTION IV 21. I the undersigned hereby applies to the Zonin regulations of the Zoning Ordinance affecting the grounds herein set forth and hereby give authoriz Applicant(s) Signature:	elderly and/or handicapped family in-law apartmen Relationship to property owner/dwelling Reside g Board of Review for relief from the provisions or e aforementioned premises in the manner and on the exation to file this application: Date:
20. Relationship and signature of occupant (s) of Signature SECTION IV 21. I the undersigned hereby applies to the Zonin regulations of the Zoning Ordinance affecting the	e aforementioned premises in the manner and on the cation to file this application: Date:
20. Relationship and signature of occupant (s) of Signature SECTION IV 21. I the undersigned hereby applies to the Zonin regulations of the Zoning Ordinance affecting the grounds herein set forth and hereby give authoriz Applicant(s) Signature:	elderly and/or handicapped family in-law apartmen Relationship to property owner/dwelling Reside g Board of Review for relief from the provisions or e aforementioned premises in the manner and on the eation to file this application:

Town Of West Greenwich, Rhode Island

APPLICANT:	<u> </u>			
		ABUTTER'S LIST	age	_ of
<u>A.P.</u>	<u>Lot</u>	Property Owner's Name and Add	<u>lress</u>	

 ${\it Please\ copy\ this\ page\ \ to\ accommodate\ additional\ abutters.}$