

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

APPLICANT: _____ ; PLAT / LOT # : _____

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.
- Copies of plans, specifications and drawings to fully describe the request with your application; 2 full size & 10 reduced copies. 8 reduced copies for projects which require an advisory opinion from the Planning Board. Additional reduced copies may be required for the Conservation Commission, and 1 full size copy.
- 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; the subject parcel and date prepared. Radius Map.
- 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: _____

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SECTION I

1. Applicant (s) Name (s): _____
(Include an officer-in-charge for Businesses-Companies)
2. Street Address of premises: _____
3. Assessor's Plat: _____ Lot: _____ Zone Classification: _____
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. or Acres
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 (if Residential): _____
13. How long has the owner 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: _____

16. Please state the grounds for which relief is sought (if seeking a variance include a statement describing hardship): _____

[illegible]

To be completed only by applicants seeking a Special Use Permit for an **Elderly and/or Handicapped Family In-Law Apartment** (Article I, Section 400-9.B. The following information is required:

17. Property owner/dwelling occupant: _____

18. Occupant (s) of elderly and/or handicapped family in-law apartment: _____

19 The need for a elderly and/or handicapped family in-law apartment is based on the following: _____

20. Relationship and signature of occupant (s) of elderly and/or handicapped family in-law apartment:

Signature	Relationship to property owner/dwelling Resident
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21. I the undersigned hereby applies to the Zoning Board of Review for relief from the provisions or regulations of the Zoning Ordinance affecting the aforementioned premises in the manner and on the grounds herein set forth and hereby give authorization to file this application:

Applicant(s) Signature: _____ Date: _____
: _____ Date: _____

Owner(s) Signature: _____ Date: _____
: _____ Date: _____

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APPLICANT: _____

DATE: _____

SUBJECT PARCEL(S): PLAT - _____ LOT(S) - _____

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ABUTTER'S LIST - 200 ft RADIUS

[illegible]

Please copy this page to accommodate additional abutters.

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CHECKLIST FOR PLANS & DATA SUBMISSION

- A. LOCATION OF THE PROPERTY
- B. DIMENSIONS OF THE LOT(S) AND TOTAL AREA
- C. EXISTING AND PROPOSED USES
- D. BUILDING SETBACK LINES AND STRUCTURE COVERAGE
- E. ZONING OF THE LAND & DIMENSIONAL REGULATIONS