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	t:	
4. Application for (check all that apply): Special Use Perr Use Variance Dimensional Var Appeal of Decision		g Enforcement Officer
5. Proposed use of premises:		
6. Summarize the proposed alterations, a	dditions or other activity requeste	
CTION II		
7. Applicant(s) Address:	Telephone:	
8. Property Owners Name:	Address:	
9. Purchaser/Leasee:		
10. Dimensions of lot:		
Frontage: Depth:	Area:	Sq. Ft
11. Existing buildings on premises: Building Size (Sq. Ft.) a. b. c.		
12. Number of families for which the bu	uilding is to be arranged:	
13. How long have you owned the prope	erty?	
14. Please specify the regulations to whi Article:, Section Article:, Section	ch relief is sought: n:, Subsection(s)/	Usecode:
15. Present use of		
premises:		

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describing hardship):	
CTION III	
	pecial Use Permit for an Elderly and/or Handicapp 7, C, 2, (3), g. 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 fa	mily in-law apartment is based on the following:
20. Relationship and signature of occupant (s) of Signature	
Signature SECTION IV 21. I the undersigned hereby applies to the Zonir	Relationship to property owner/dwelling Residence and Board of Review for relief from the provisions or a aforementioned premises in the manner and on the
Signature SECTION IV 21. I the undersigned hereby applies to the Zonir regulations of the Zoning Ordinance affecting the	Date:
Signature SECTION IV 21. I the undersigned hereby applies to the Zonir regulations of the Zoning Ordinance affecting the grounds herein set forth and hereby give authorize Applicant(s) Signature:	Relationship to property owner/dwelling Residence and Service aforementioned premises in the manner and on the zation to file this application: Date: Date:

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Town Of West Greenwich, Rhode Island

APPLICANT:		D.	C	
	ABUTTER'S LIST	Page	of	
A.P. <u>Lot</u>	Property Owner's Name and A	Property Owner's Name and Address		

Please copy this page to accommodate additional abutters.