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.

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FOR OFFICE USE ONLY
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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: ______________________
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):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SECTION III

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: ___________________________

SECTION IV

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

APPLICANT: ___________________________ DATE: ___________

SUBJECT PARCEL(S): PLAT - _______ LOT(S) - _____________ Page _____ of ________

ABUTTER'S LIST - 200 ft RADIUS

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Please copy this page to accommodate additional abutters.
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