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

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:____________________________________________________________________________
_________________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
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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 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 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:________________

Page _____ of ________

ABUTTER’S LIST

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