

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

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APPLICANT: \_\_\_\_\_

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.

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**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): \_\_\_\_\_
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.
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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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**ABUTTER'S LIST**

<u>A.P.</u>	<u>Lot</u>	<u>Property Owner's Name and Address</u>
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
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_____	_____	_____ _____ _____
_____	_____	_____ _____ _____

*Please copy this page to accommodate additional abutters.*