



CITY OF WARWICK
ZONING BOARD OF REVIEW
WARWICK, RHODE ISLAND 02886
(401) 738-2000

PETITION NO. _____

City of Warwick
ZONING BOARD OF REVIEW

Application for Special Use Permit, Variance or Appeal

Date _____ 20 _____

The undersigned hereby applies to the Warwick Zoning Board of Review for the following.

- () **SPECIAL USE PERMIT**
- () **VARIANCE**
- () **APPEAL** from the Planning Board or Building Official
- () **AMENDMENT TO A PREVIOUSLY GRANTED RESOLUTION**

Applicant: _____ Address: _____

Owner: _____ Address: _____

Lessee: _____ Address: _____

1. Ownership Tenure

DATE of PURCHASE of the above stated property by the CURRENT OWNER: _____

Will ownership of said property be transferred by the CURRENT OWNER TO the APPLICANT for developmental purposes? _____

2. Location of Premises _____

Street No. Name of Street

3. Assessor's Plat _____

Plat No. Lot No.

4. Dimensions of lot _____

Frontage Depth Area Square Feet

5. Zoning District in which premises are located _____

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? _____

If **YES**, how many buildings? _____

Identify the size, height and use of each building:

(1) _____

(2) _____

(3) _____

**Note: Use additional sheet(s) of paper, if necessary.

7. State legal use of premises _____

8. Have plans for the proposed construction activities/change of use for any existing and proposed building(s) been submitted to the Warwick Building Official?

Yes ()

No ()

Does not apply ()

If yes, has a building permit been refused? Yes () No ()

9. Total number of units residential/commercial _____

10. Type of Sewer System - Public _____ Private _____
Septic _____ Cesspool _____ Connected? _____

11. Is the subject property located in a flood zone? _____
If so, what flood zone? _____

12. Is the subject property located in a Historic District? _____
If so, have you received approval from the Historic District Commission? _____

13. Does your application require Planning Board approval? _____
If so, have you applied and received approval from the Planning Board? _____

14. **SPECIAL USE PERMIT**

A. State proposed use of premises _____

B. Give extent of proposed alterations _____

C. LIST precise ARTICLE(S) and SECTION(S) of the ZONING ORDINANCE which authorize consideration of the SPECIAL USE PERMIT described in above.

D. Describe how the granting of the SPECIAL USE PERMIT will meet the requirements of the Zoning Ordinance per Section 906.3 (C)

15. VARIANCES

A. State proposed use of premises _____

B. Give extent of proposed alterations _____

C. LIST precise ARTICLE(S) and SECTION(s) of the ZONING ORDINANCE which authorize consideration of the VARIANCE described in above.

D. Identify grounds for the proposed VARIANCE. As required in Section 906.3 (A)/906.3 (B) of the Zoning Ordinance.

16. APPEALS

A. Appeal of the Building Official (Attach a copy of any denial, notification, violation or correspondence relating to appeal).

1. Date of denial/issuance of permit or date of alleged error in enforcement of ordinance. _____, 20____

2. Basis for Appeal (Cite applicable provisions of the ordinance.)

B. Appeal to the Warwick Zoning Board of Appeals from an action of the Warwick Planning Board. (Note: Attach all copies of correspondence, plans and the written decision pertaining to the appeal, including any transcript, audiotapes, constituting the record upon which the action appealed was taken, per Section 906.4 (A) of the ordinance.

Basis for Appeal (Cite applicable ordinance provisions)

I/We the UNDERSIGNED, swear that all information provided in this APPLICATION is to the best of MY/OUR knowledge complete and correct in every detail.

Respectfully submitted,

(Owner Signature) _____
(Address) _____
(Phone) _____

Respectfully submitted,

(Applicant Signature) _____
(Address) _____
(Phone) _____

Attorney:

Name: _____
Address: _____
Phone: _____

*PLEASE BE ADVISED THAT THE STREET NUMBER MUST APPEAR ON ANY EXISTING STRUCTURE

*PLEASE NOTE: UNLESS ALL REQUIREMENTS LISTED ON THE INSTRUCTION SHEET ARE COMPLIED WITH, THIS APPLICATION WILL NOT BE ACCEPTED.

PLEASE BE SURE TO REVIEW INSTRUCTION SHEET CAREFULLY.

*PLEASE NOTE A SURVEY IS REQUIRED