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FRANK J. PICOZZI
MAYOR

CITY OF WARWICK
ZONING BOARD OF REVIEW
WARWICK, RHODE ISLAND 02886
(401) 921-9534



PETITION # 10978

Date April 2024

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

SPECIAL USE PERMIT DIMENSIONAL VARIANCE

USE VARIANCE APPEAL

AMENDMENT TO A PREVIOUSLY GRANTED RESOLUTION

Applicant: Helping Hands Community Partners, Inc. Address: 421 Elmwood Avenue Providence, RI 02907

Owner: Same Address: _____

Lessee: _____ Address: _____

1. Ownership Tenure

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

September 5, 2023

Will ownership of said property be transferred by the CURRENT OWNER TO THE APPLICANT for developmental purposes? No

2. Street Address of Premises 62 John Wickes Avenue, Warwick, RI

3. Assessor's Plat & Lot 221 63
Plat No. Lot No.

4. Dimensions of lot 76.73 42.32± 3,281.35
Frontage Depth Area Square Feet

5. Zoning District in which premises is located A15

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? Yes

If YES, how many buildings? One

Identify the size, height and use of each building:

(1) 26" in height

(2) _____

(3) _____

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

7. Present use of premises: One Family

Proposed use of premises: One Family

8. Total number of RESIDENTIAL UNITS 1

Total number of COMMERICAL UNITS 0

9. 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 (x)

Does not apply ()

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

10. Type of Sewer System - Public x Private _____
Septic _____ Cesspool _____ Sewers x

11. Is the subject property located in a flood zone? No
If so, what flood zone? _____

12. Is the subject property located in a Historic District? No
If so, have you received approval from the Historic District Commission? _____

13. Does your application required Planning Board approval? No
If so, have you applied and received approval from the Planning Board _____

14. SPECIAL USE PERMIT

A. Use of existing structure _____

B. Extent of proposed alterations in detail _____

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 – (USE OR DIMENSIONAL)**

A. State existing use of premises Residence

B. Extent of proposed alterations in detail Addition

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

Section 403.4 Addition and enlargement require conformance with dimensional regulation

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

See attached Exhibit A

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 of 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)

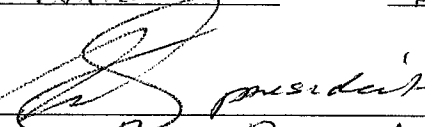
 president

(Address) 421 Elmwood Ave Providence RI

(Phone) 774-419-6666 EMAIL: BFEGLY@HHCP.ORG

Respectfully submitted,

(Applicant Signature)

 president

(Address) 421 Elmwood Ave Providence RI 02907

(Phone) 774-419-6666 EMAIL BFEGLY@HHCP.ORG

Attorney:

Name: Sanford J. Resnick, Esq.

Address: 300 Centerville Road, Ste 300W, Warwick, RI 02886

Phone: 401-738-4500 EMAIL SRESNICK@RESNICKANDCAFFREY.COM

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

amy.e.cota@warwickri.com

THIS APPLICATION MUST BE REVIEWED FOR COMPLETENESS BY THE BUILDING OFFICIAL PRIOR TO BEING SUBMITTED TO THE ZONING BOARD. PLEASE BE SURE TO REVIEW REQUIREMENTS CAREFULLY.

******PLEASE NOTE A CLASS I SURVEY IS REQUIRED******

EXHIBIT A to Zoning Application Section 15D

- The hardship from which the Applicant seeks relief is due to the unique characteristics of the subject land or structure and not the general characteristics of the surrounding area, and is not due to the physical or economic disability of the applicant.
- That said hardship is not the result of any prior action of the applicant.
- That the granting of the requested variance will not alter the general characteristic of the surrounding area or impair the intent or purpose of this zoning ordinance or the comprehensive plan of the city.
- That the hardship that will be suffered by the owner of the subject property if the dimensional variance is not granted shall amount to more than a mere inconvenience, meaning that relief sought is minimal to a reasonable enjoyment of the permitted use to which the property is proposed to be devoted.

TABLE A DIMENSIONAL RELIEF

	Required	Proposed
Minimum Lot Area	15,000 sq ft	3,281.35 sq ft
Minimum Frontage	125 ft	76.73 ft
Minimum Lot Width	125 ft	75 ft
Minimum Side Yard	20 ft	15/25 ft
Minimum Rear Yard	30 ft	14.5 ft
Minimum Front Yard	30 ft	0.5/4.6 ft
Maximum Height	35 ft	34ft 6in