

PAUL DEPETRILLO
CHAIRMAN



FRANK J. PICOZZI
MAYOR

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

RECEIVED
WARWICK ZONING BOARD OF REVIEW
DEC 07 2023

PETITION # 10954

Date Dec 6 2023

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: Joseph Charles Defreitas Address: 263 Shamrock Dr Warwick RI 02886

Owner: Joseph & Magdalena Defreitas Address: 263 Shamrock Dr Warwick RI 02886

Lessee: _____ Address: _____

1. Ownership Tenure

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

Oct 1998

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

2. Street Address of Premises 263 Shamrock Dr. Warwick RI 02886

3. Assessor's Plat & Lot 371 41
Plat No. Lot No.

4. Dimensions of lot 70' wide. 100' depth Area 7000
Frontage Depth Square Feet

5. Zoning District in which premises is located A-7

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? Yes

If YES, how many buildings? 1

Identify the size, height and use of each building:

(1) _____

(2) _____

(3) _____

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

7. Present use of premises: Single family dwelling (personal home)

Proposed use of premises: same

8. Total number of RESIDENTIAL UNITS 1

Total number of COMMERCIAL UNITS none

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 ()

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 Singe family dwelling

B. Extent of proposed alterations in detail Adding a covered front porch

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

TABLE 2A Dim Regs.
FRONT yard setback - Prop. 21.6'
REQ - 25'

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

906.3 (B) (1)

16. APPEALS

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

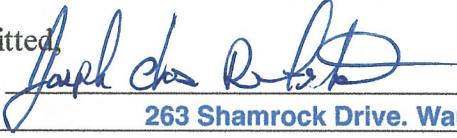
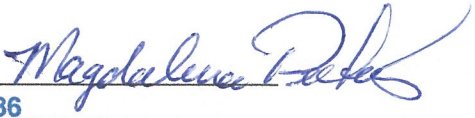
1. Date of denial/issuance of permit or date of alleged error in enforcement of Ordinance. _____, 20_____


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)  
(Address) 263 Shamrock Drive. Warwick RI 02886
(Phone) 401 - 739 - 5424 Home EMAIL: MaggieDefreitas1@gmail.com

Respectfully submitted,
(Applicant Signature) 
(Address) 263 Shamrock Drive Warwick RI 02886
(Phone) 401 - 739 - 5424 Home EMAIL: MaggieDefreitas1@gmail.com

Attorney:
Name: _____
Address: _____
Phone: _____ EMAIL: _____

*PLEASE BE ADVISED THAT THE STREET NUMBER MUST APPEAR ON ALL PROPOSED FREE-STANDING SIGNS AND 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******