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

RECEIVED  
WARWICK ZONING BOARD OF REVIEW  
MAR 29 2023

PETITION # 10893

Date 3-29 20 23

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: John Massenzio Address: 214 Allegra Lane  
 Owner: Susan DiCiolli, Life Estate Address: NO. Kingstown, RI 02882  
John Massenzio

Lessee: \_\_\_\_\_ Address: \_\_\_\_\_

1. Ownership Tenure

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

2021

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

2. Street Address of Premises 9 Dudley Ave.

3. Assessor's Plat & Lot 317 208  
Plat No. Lot No.

4. Dimensions of lot 50' 123' Area 5,870  
Frontage Depth Square Feet

5. Zoning District in which premises is located A-15

5. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? Yes

If YES, how many buildings? dwelling

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  
Proposed use of premises: same

8. Total number of RESIDENTIAL UNITS 1  
Total number of COMMERCIAL 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 ( ) Does not apply ( )

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

10. Type of Sewer System - Public  Private \_\_\_\_\_  
Septic \_\_\_\_\_ Cesspool \_\_\_\_\_ Sewers \_\_\_\_\_

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. State existing use of premises \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Proposed use of the property 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 Single Family Home

B. Proposed use of the property in detail Convert ex. Front porch to living space w/A deck Above.

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

Table 2 Dim REGS

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

906.3 (A) (B)

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) \_\_\_\_\_

(Phone) \_\_\_\_\_

EMAIL: \_\_\_\_\_

*John J. Mariani*

*781 413 6040*

*JJM5522@*

*EMAIL.COM*

Respectfully submitted,

(Applicant Signature) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone) \_\_\_\_\_

EMAIL \_\_\_\_\_

Attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

EMAIL \_\_\_\_\_

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

[amv.e.cota@warwickri.com](mailto:amv.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