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

RECEIVED
WARWICK ZONING BOARD OF REVIEW
APR 07 2023

PETITION # 10897

Date April 7, 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

Kathleen O'Rourke of True

Applicant: Compass Counseling, LLC Address: 819 Greenwich Ave, Warwick, RI 02886

Owner: MSS Eleven Realty, LLC Address: 819 Greenwich Ave, Warwick, RI 02886

Lessee: _____ Address: _____

1. Ownership Tenure

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

September 26, 2019

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

2. Street Address of Premises 819 Greenwich Avenue

3. Assessor's Plat & Lot 265 3
Plat No. Lot No.

4. Dimensions of lot 100' 100.4' 10,020
Frontage Depth Area 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? One

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: clinic (former dentist office) (302)

Proposed use of premises: clinic (counseling) (302)

8. Total number of RESIDENTIAL UNITS n/a

Total number of COMMERCIAL UNITS One

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 X Private _____
Septic _____ Cesspool _____ Sewers _____

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

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 former dentist office; currently vacant

B. Proposed use of the property in detail professional office (counseling)

C. LIST precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE which authorize consideration of the SPECIAL USE PERMIT described in above.
Section 200 - Table of Use Regulation Subsection 302

D. Describe how the granting of the SPECIAL USE PERMIT will meet the requirements of the Zoning Ordinance per Section 906.3 (C)
The new use is a similar use of the former use, thereby keeping with the general character of surrounding area and does not impair the intent or purpose of ordinance or comprehensive plan of the City.

Please see attached for additional information.

15. **VARIANCES – (USE OR DIMENSIONAL)**

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 VARIANCE described in above.

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

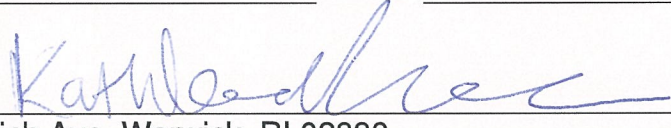
Basis for Appeal (Cite applicable Ordinance provisions)

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) 819 Greenwich Ave, Warwick, RI 02886
(Phone) _____ EMAIL: _____

Respectfully submitted,
(Applicant Signature)


(Address) 819 Greenwich Ave, Warwick, RI 02886
(Phone) 401-523-8968 EMAIL kathleen.orourke@truecompasscounseling.com

Attorney:

Name: _____
Address: _____
Phone: _____ EMAIL _____

*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******

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Respectfully submitted,

(Owner Signature) MSS Eleven Realty, LLC
(Address) 819 Greenwich Ave, Warwick, RI 02886
(Phone) _____ EMAIL: _____

Respectfully submitted,

(Applicant Signature) Kathleen O'Rourke of True Compass Counseling, LLC
(Address) 819 Greenwich Ave, Warwick, RI 02886
(Phone) 401-523-8968 EMAIL kathleen.orourke@truecompasscounseling.com

Attorney:

Name: _____
Address: _____
Phone: _____ EMAIL _____

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