PAUL DEPETRILLO CHAIRMAN



FRANK J. PICOZZI MAYOR

and the second

RECEIVED WARWICK ZONING BOARD OF REVIEW

MAY 1 1 2023

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

PETITION #

2023 Date

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: Spnna Green Corporation	_Address:	459 Nanguid Drive
Owner: Spring Green carporation	Address:	459 Namquid Drive
Lessee:	Address:	

1. Ownership Tenure

DATE OF PURCHASE of the above	stated property by the CURRENT OWNE	ER:
612712017		

Will ownership of said property be transferred by the CURRENT OWNER TO THE APPLICANT for developmental purposes? N/A

Street Address of Premises <u>43 Lüne 1</u>, Würwick, <u>R1 03888</u>
Assessor's Plat & Lot ______
Plat No. Lot No.

4.	Dimensions of lot			Area	1408
1		Frontage	Depth		Square Feet

5. Zoning District in which premises is located

Are there any buildings on the premises at present? $\underline{V} \underline{\mathscr{C}} \underline{\mathscr{G}}$	
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. Present use of premises: <u>Residential</u> Proposed use of premises: <u>Residential</u>	
8. Total number of RESIDENTIAL UNITS Total number of COMMERICAL UNITS	
9. Have plans for the proposed construction activities/change of use for any and proposed building (s) been submitted to the Warwick Building Official?	existing
Yes (U) 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?	
12. Is the subject property located in a Historic District? <u>NO</u> If so, have you received approval from the Historic District Commission?	
13. Does your application required Planning Board approval?	
14. SPECIAL USE PERMIT	
A. State existing use of premises	
B. Proposed use of the property in detail	

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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 _____

B. Proposed use of the property in detail <u>New</u> SFS

44 × 26 w/ 20 × 12' DECK

Demolish

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

304,4-More Than one residentia Welling Unit on a lot

D. Identify grounds for the proposed VARIANCE. As required in Section 906.3 (A) and 906.3 (B) of the Zoning Ordinance. (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 Zoring 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) <u>How Welpite</u> Hunnah Rielonko-as Agent for sonny Green (Address) <u>US9 Namplifa Drive Waxwick, RI 02858</u> (appratio corporation. Respectfully submitted (Applicant Signature) (Address) (Phone) EMAIL Attomey: Name: Address: Phone: . EMAIL

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

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.

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*PLEASE NOTE A CLASS I SURVEY IS REQUIRED