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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 28 2023

PETITION # 10900

Date 4/26 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: NORTH END REALTY RET. PLAN Address: 240 CHESTNUT ST WARWICK RI 02888

Owner: SAME Address: SAME

Lessee: _____ Address: _____

1. Ownership Tenure

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

3/3/2023

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

2. Street Address of Premises PALMER AVENUE

3. Assessor's Plat & Lot 379 271+398
Plat No. Lot No.

4. Dimensions of lot 95.57 99.98 Area 9006
Frontage Depth Square Feet

5. Zoning District in which premises is located 7

5. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? NO

If YES, how many buildings? N/A

Identify the size, height and use of each building:

(1) N/A

(2) _____

(3) _____

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

7. Present use of premises: VACANT LAND

Proposed use of premises: SINGLE FAMILY HOME

8. Total number of RESIDENTIAL UNITS 1

Total number of COMMERCIAL UNITS N/A

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 VACANT

B. Proposed use of the property in detail SFD

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

Table 2 Dim Reqs-

Side Yard setback - 8' Prop.
25' Reg.

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) Ronald Chofay (NORTH END REACTY RET. PLAN)

(Address) 240 CHESTNUT ST WARWICK RI 02888

(Phone) _____ EMAIL: TC#OFAY@GMAIL.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.cofa@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