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MAYOR

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

RECEIVED
WARWICK ZONING BOARD OF REVIEW
MAY 11 2023

PETITION # 10910

Date 5.3 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: TERENCE HARRINGTON (personally) Address: 39 Dees Circle Warwick RI 02889
 Owner: Domingos Das Santos Address: 67 Warren Ave. Pawtucket RI 02860
 Lessee: N/A Address: _____

1. Ownership Tenure

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

9/17/2003

Will ownership of said property be transferred by the CURRENT OWNER TO THE APPLICANT for developmental purposes? yes.

2. Street Address of Premises 0 Dundas Avenue 02889

3. Assessor's Plat & Lot 334 179
Plat No. Lot No.

4. Dimensions of lot 45 90 4,050
Frontage Depth Area Square Feet

5. Zoning District in which premises is located A-40
(formerly A-7)

6. 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
 Proposed use of premises: Single-family

8. Total number of RESIDENTIAL UNITS _____
 Total number of COMMERCIAL UNITS _____

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 (X)

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

11. Is the subject property located in a flood zone? yes.
 If so, what flood zone? AE 12, Per FEMA

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 vacant

B. Proposed use of the property in detail single-family house

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 Single-family house to be constructed

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

Relief needed from Table 2A dimensional regulations for all requirements in an A-40 zone; except for lot coverage and height. Relief requested under 906.3(A) 1, 2, 3 and 4, 405.4(B); Details of specific relief to be demonstrated in Land Use Expert Report to be submitted.

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

Expert Testimony will be provided that demonstrates that all standards for the dimensional variances are satisfied.

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)

[Signature]
45 WASHBURN AVE. EAST PROVIDENCE RI 02916

(Phone) 401-225-8947

EMAIL:

Respectfully submitted,

(Applicant Signature)

[Signature]
29 Deer Circle Warwick RI 02889

(Phone)

EMAIL

Attorney:

Name: *[Signature]*
John E. Shekarchi Esq.

Address: 51 Jefferson Blvd. 4th Floor Warwick RI 02888

Phone: (401) 722-3600

EMAIL office@sheklawfirm.com AND
jsaked@sheklawfirm.com

*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******