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WARWICK ZONING BOARD OF REVIEW

AUG 28 2023

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

PETITION # 10933

Date AUG 28 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: JASON P. WHITE Address: 272 TIFFANY AVE WARWICK RI
 Owner: LONGMEADOW ASSOC. LLC Address: 2 BURNETT RD WARWICK RI
 Lessee: _____ Address: _____

1. Ownership Tenure

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

04/27/2023

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

- 2. Street Address of Premises 0 CHISWICK RD
- 3. Assessor's Plat & Lot 359 503
Plat No. Lot No.
- 4. Dimensions of lot 63.61' 162/123' Area 7143
Frontage Depth Square Feet
- 5. Zoning District in which premises is located A7

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? NONE

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: VACANT

Proposed use of premises: SINGLE FAMILY RESIDENTIAL

8. Total number of RESIDENTIAL UNITS 1

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 ()

Does not apply ()

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

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

11. Is the subject property located in a flood zone? YES
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 _____

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 SINGLE FAMILY HOME

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

906.3, A-1,3,4 906.3, B-2

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

THE ONLY VARIANCE NEEDED IS FRONTAGE, MEETING ALL OTHER REQUIREMENTS. ONLY USE FOR THE PROPERTY IS SINGLE FAMILY RESIDENCE PREVIOUSLY GRANTED, EXPIRED.

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_____

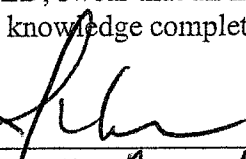
2. Basis of Appeal (Cite applicable provisions of the Ordinance).

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) 272 TIFFANY AVE WARWICK RI 02889
(Phone) 401 426-0328 EMAIL: JJWHITE50@ICLOUD.COM

Respectfully submitted,
(Applicant Signature)

(Address) _____
(Phone) _____ EMAIL _____

Attorney:

Name: JOSEPH SHEKARCHI
Address: 51 JEFFERSON BLVD
Phone: 401 877 0100 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******