

FRANK J. PICOZZI MAYOR

CITY OF WARWICK ZONING BOARD OF REVIEW

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

SEP 08 2022

PETITION # 10936 Date September 7 20 23 The undersigned hereby applies to the Warwick Zoning Board of Review for the following: ✓ DIMENSIONAL VARIANCE SPECIAL USE PERMIT **USE VARIANCE** APPEAL AMENDMENT TO A PREVIOUSLY GRANTED RESOLUTION el. 1300 Division Road, Suite 304 Applicant: 3295 SH Holdings LLC Address: West Warwick ZI 02843 Owner: 3 Branch, LLC Address: 334 Branch Ave. Providing, 125 0290'
Lessee: 3295 SH Holdings, LLC Address: West Warmick, 125 02893 1. Ownership Tenure DATE OF PURCHASE of the above stated property by the CURRENT OWNER: Will ownership of said property be transferred by the CURRENT OWNER TO THE APPLICANT for developmental purposes? Street Address of Premises 3295 Post Ray Warwick RI 02886 2. Assessor's Plat & Lot 245
Plat No. 3. 4. Dimensions of lot Square Feet Depth

Zoning District in which premises is located ______

6.	DEVELOPMENTAL STATUS AND PROPOSAL
Are	there any buildings on the premises at present?
If Y	ES, how many buildings?
Iden	atify the size, height and use of each building:
(1)_	2 Story
(2)_	
	ote: Use additional sheet (s) of paper, if necessary.
7.	Present use of premises: Us
	Proposed use of premises: Use
8.	Total number of RESIDENTIAL UNITS 2 (Proposition) Total number of COMMERICAL UNITS \
9. and	Have plans for the proposed construction activities/change of use for any existing proposed building (s) been submitted to the Warwick Building Official?
	Yes () No () Does not apply ()
If ye	es, has a building permit been refused? Yes () No ()
10.	Type of Sewer System - Public Private Septic Cesspool Sewers
	Is the subject property located in a flood zone? If so, what flood zone?
12.	Is the subject property located in a Historic District? 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
В.	Proposed use of the property in detail

	LIST precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE ich authorize consideration of the SPECIAL USE PERMIT described in above.
D.	Describe how the granting of the SPECIAL USE PERMIT will meet the requirents of the Zoning Ordinance per Section 906.3 (C)
15. A.	VARIANCES - (USE OR DIMENSIONAL) State existing use of premises
В.	Proposed use of the property in detail
C. whi	List precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE ich authorize consideration of the VARIANCE described in above.
D. and	Identify grounds for the proposed VARIANCE. As required in Section 906.3 (A) 906.3 (B) of the Zoning Ordinance.
16.	APPEALS
A. or c	Appeal of the Building Official (Attach a copy of any denial, notification, violation correspondence relating to appeal).
	1. Date of denial/issuance of permit or date of alleged error in enforcement of Ordinance
	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) Owner J BRANCH LLC. (Address) 334 Branch Type Drovidence RT 02904
(Owner Signature) (Address) 334 Branch Treme Providence Et 02904 (Phone) 401-300-2222 EMAIL: Sean @ Frome Syot. Com
Respectfully submitted, (Applicant Signature)
(Address) (1300 Division Cas Suite 304 W. Worwick it 02898
(Phone) (401) 323-996 EMAIL poul weight & growth com
Attorney: Name: Christopher M. Mulhern Es. C
Address: 1300 Oivision Road Suite 304 West Worming 15 02895
Phone: (401) 5 23-9330 EMAIL conclusion multimologican

*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****

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.		
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Respectfully submitted, (Owner Signature)		
(Owner Signature) (Address) 334 Branch Avenue Providence VI 02904 (Phone)EMAIL:		
Respectfully submitted, (Applicant Signature)		
(Address) 9 1300 Division Val Suite 304 W. Warwick, 125 02893 (Phone) (401) 323-990 EMAIL paul wreight 6 amail.com		
Attorney: Name: Christopher M. Mulhern Es. Address: 1300 Division Road Suite 304 West Wawick 15 02898		
Phone: (Yol) 533-9330 EMAIL cmulheur & mulheur leur:		
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