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

RECEIVED
WARWICK ZONING BOARD OF REVIEW

SEP 25 2023

PETITION NO. 10941

City of Warwick
ZONING BOARD OF REVIEW

Application for Special Use Permit, Variance, or Appeal

Date August 2 2023

The undersigned hereby applies to the Warwick Zoning Board of Review for the following:

- SPECIAL USE PERMIT
- VARIANCE
- APPEAL
- AMENDMENT TO A PREVIOUSLY GRANTED RESOLUTION

Applicant: Maria Donnelly Address: 3436 West Shore Road, Warwick, RI 02886

Owner: Maria Donnelly Address: 3436 West Shore Road, Warwick, RI 02886

Lessee: _____ Address: _____

1. Ownership Tenure

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

October 24, 2017

Will ownership of said property be transferred by the CURRENT OWNER TO THE

APPLICANT for developmental purposes? No

2. Location of Premises 3436 West Shore Road

3. Assessor's Plat & Lot 364 6 & 7
Plat No. Lot No.

4. Dimensions of lot 86' 150' 12,907
Frontage Depth Area 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? Yes

If YES, how many buildings? 2

Identify the size, height and use of each building:

(1) Principle residence, 864 s.f. (first floor area), 26.6' height

(2) Garage, 400 s.f., 14.8' height

(3) _____

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

7. State legal use of premises Residential

8. 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

9. Total number of units, residential/commercial 1 unit, single family

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 proposed use of premises _____

B. Detail of proposed alterations _____

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**

A. Current use of premises Residential

B. Detail of proposed alterations:
Proposed addition to garage (200 s.f. (10'x20'))

C. List precise RELIEF, ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE which authorize consideration of the VARIANCE described in above.
Section 302, Table 2A Dimensional Regulations A7 Front yard
25' Required; 8.1' Existing; 7.8' Proposed

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) Marie A. Denuelly
(Address) 3436 West Shore Rd
(Phone) (401) 374-7436 EMAIL: mad10314@gmail.com

Respectfully submitted,
(Applicant Signature) _____
(Address) _____
(Phone) _____ EMAIL _____

Attorney:
Name: _____
Address: _____
Phone: _____ EMAIL _____

***PLEASE BE ADVISED THAT THE STREET NUMBER MUST APPEAR ON ALL STRUCTURES & NEW FREE-STANDING SIGNS**

***PLEASE NOTE: UNLESS ALL REQUIREMENTS LISTED ON THE INSTRUCTION SHEET ARE COMPLIED WITH, THIS APPLICATION WILL NOT BE ACCEPTED.**

***PLEASE BE SURE TO REVIEW INSTRUCTION SHEET CAREFULLY.**

***PLEASE NOTE A CLASS I SURVEY IS REQUIRED**