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

RECEIVED

JAN 02 2024

**WARWICK
ZONING BOARD OF REVIEW**

PETITION # 10956

Date 11/7 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: Kevin Diamond, AIA Address: 244 Weybosset St. L-1 Providence RI

Owner: Matt Tinning Address: 842 Centerville Road, Warwick RI

Lessee: _____ Address: _____

1. Ownership Tenure

DATE OF PURCHASE of the above stated property by the CURRENT OWNER: April 2011

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

2. Street Address of Premises 842 Centerville Road, Warwick RI

3. Assessor's Plat & Lot 242 19
Plat No. Lot No.

4. Dimensions of lot 283.44' 128.62' 18,074
Frontage Depth Area
Square Feet

5. Zoning District in which premises is located R-15

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? yes

If YES, how many buildings? 1

Identify the size, height and use of each building:

(1) 2 story single family home with 922 SF Livable and 2,224 SF Gross Area

(2) _____

(3) _____

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

7. Present use of premises: single family home

Proposed use of premises: single family home

8. Total number of RESIDENTIAL UNITS 1

Total number of COMMERCIAL UNITS 0

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 X

Septic _____ Cesspool X Sewers _____

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

If so, what flood zone? Partially in Zone X and AE

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 N/A

B. Proposed use of the property in detail N/A

C. LIST precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE which authorize consideration of the SPECIAL USE PERMIT described in above.

N/A

D. Describe how the granting of the SPECIAL USE PERMIT will meet the requirements of the Zoning Ordinance per Section 906.3 (C)

N/A

15. VARIANCES – (USE OR DIMENSIONAL)

A. State existing use of premises single family home

B. Proposed use of the property in detail proposing to construct addition with will consist of enlarged garage with bedrooms and a bathroom above. All to be attached in the form of a level 1 and level 2 addition to existing home

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

Section 300 Table 2A, dimensional regulations. The applicant is seeking to encroach into the sideyard setback

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

See exhibit A

16. APPEALS (NA)

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)

Matthew A. Tinning

(Address) 842 Centerville Rd, Warwick, RI 02886

(Phone) 401-580-4554

EMAIL: mtonning@gmail.com

Respectfully submitted,

(Applicant Signature)

Kevin

(Address) 244 Weybosset St

(Phone) (919.886.2426)

EMAIL kevin@pvd-abc.com

Attorney:

Name:

Address:

Phone:

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******