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

RECEIVED

FEB 08 2024

**WARWICK
ZONING BOARD OF REVIEW**

PETITION # 10964

Date Feb. 5 20 24

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: Sean Hunter Address: 175 Edgenill rd. Warwick RI 02889
 Owner: Sean + Ericka Hunter Address: ↓
 Lessee: _____ Address: _____

1. Ownership Tenure

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

November 10 2019

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

- 2. Street Address of Premises 175 Edgenill rd. warwick, RI 02889
- 3. Assessor's Plat & Lot A.P 328 Lot 8 + 7
- 4. Dimensions of lot

Lot 8 125 x 2162ft		Lot 7 60 x	Area	15,517
Frontage		Depth	Square Feet	
- 5. Zoning District in which premises is located A-7

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) Residential home, roughly 1100sqft? As-built plans attached.
- (2) _____
- (3) _____

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

7. Present use of premises: Residence
 Proposed use of premises: Residence

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 _____
 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? _____
If so, have you applied and received approval from the Planning Board _____

NIA

14. SPECIAL USE PERMIT

A. State existing use of premises Residential home

B. Proposed use of the property in detail Residential home - proposed addition to replace/expand current Garage/porch to make additional living space and bedrooms instead for growing family.

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 Residential home

B. Proposed use of the property in detail Replace part of existing home/expand to create more living space + additional bedrooms for growing family.

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

Table 2 DIM Regs.

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) Cuppa P. Hunter
(Address) 175 Edgenhill rd. warwick RI 02889
(Phone) 401-744-1511 EMAIL: cafransen1@gmail.com

Respectfully submitted,

(Applicant Signature) _____
(Address) 175 Edgenhill rd warwick RI 02889
(Phone) 401-391-8030 EMAIL seanhunter47@gmail.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******