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CITY OF WARWICK ZONING BOARD OF REVIEW

WARWICK, RHODE ISLAND 02886
(401) 921-9534

RECEIVED
WARWICK ZONING BOARD OF REVIEW

FEB 10 2023

PETITION # 10882

Date 2/15 2023

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: CHARIL TROTTA Address: 14 LONGMEADOW AVE WARWICK

Owner: CHARIL TROTTA Address: 989 OSWEGO AVE
SEBASTIAN, FL 32958

Lessee: X Address: _____

1. Ownership Tenure

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

10/22 / 2013

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

2. Street Address of Premises 14 LONGMEADOW AVE

3. Assessor's Plat & Lot 355 507 + 508
Plat No. Lot No.

4. Dimensions of lot 50' 121' Area 6219
Frontage Depth Square Feet

5. Zoning District in which premises is located _____

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) 913 SQ FT SF HOME 2 STORY 35' HIGH

(2) _____

(3) _____

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

7. Present use of premises: SF HOME

Proposed use of premises: SAME

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 _____ Private _____
Septic X Cesspool _____ Sewers _____

11. Is the subject property located in a flood zone? YES
If so, what flood zone? VE ZONE, BRP 15

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 _____

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 SF HOME

B. Proposed use of the property in detail SAME
CONSTRUCT 14.2' x 6' DECK + STAIRS

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

14.2' x 6' DECK + STAIRS
TABLE 2 DIM REGS -

Front yard Setback Prop - 1.9' REQ - 17'

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) Cheryl Trotta
(Address) 989 OSWEGO AVE, SEBASTIAN FL 32958 & 14 LONGMEADOW AVE WARWICK
(Phone) 603 491 5284 EMAIL: cheryl.trotta@gmail.com

Respectfully submitted,

(Applicant Signature) Cheryl Trotta
(Address) 989 OSWEGO AVE, SEBASTIAN, FL 32958 & 14 LONGMEADOW AVE WARWICK
(Phone) 603 491 5284 EMAIL: cheryl.trotta@gmail.com

Attorney:

Name: _____

Address: _____

Phone: _____ EMAIL _____

*PLEASE BE ADVISED THAT THE STREET NUMBER MUST APPEAR ON ANY EXISTING STRUCTURE

amv.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******