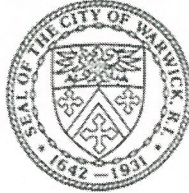


DONALD G. MORASH, JR.
CHAIRMAN



JOSEPH J. SOLOMON
MAYOR

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

PETITION NO. 10883

RECEIVED
WARWICK ZONING BOARD OF REVIEW

FEB 10 2023

City of Warwick
ZONING BOARD OF REVIEW

Application for Special Use Permit, Variance, or Appeal

Date February 1, 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: Michael R. Valley Address: 415 Palmer Avenue

Owner: Same as above Address: _____

Lessee: _____ Address: _____

1. Ownership Tenure

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

10/2021

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

APPLICANT for developmental purposes? No

2. Location of Premises 415 Palmer Ave.

3. Assessor's Plat & Lot 379 68-71 & 73
Plat No. Lot No.

4. Dimensions of lot 155 275 Area _____
Frontage Depth Square Feet

5. Zoning District in which premises is located A-10

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 BAR AND GRILL

B. Proposed use of the property in detail TO HAVE LIVE ENTERTAINMENT WITHIN THE EXISTING BAR AND GRILL

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

LIVE ENTERTAINMENT INSIDE AND OUTSIDE

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).

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? Yes

If YES, how many buildings? _____

Identify the size, height and use of each building:

(1) _____

(2) _____

(3) _____

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

7. State legal use of premises Bar & Grill

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 (X)

If yes, has a building permit been refused? Yes () No ()

9. Total number of units, residential/commercial 1 commercial/1 residential apt.

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. Give extent of proposed alterations _____

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)

Michael Valley
(Address) 12 ITHACA ST. WAR. RI 02889

(Phone) 401-595-8341

EMAIL: MICHAELVALLEY31@YAHOO.COM

Respectfully submitted,

(Applicant Signature)

Michael Valley
(Address) 12 ITHACA ST. WAR. RI 02889

(Phone) 401-595-8341

EMAIL: MICHAELVALLEY31@YAHOO.COM

Attorney:

Name: _____

Address: _____

Phone: _____

EMAIL: _____

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

*****PLEASE NOTE: IN ADDITION TO 2 COPIES OF THE APPLICATION, AND 12 HARD COPIES OF ALL REQUESTED DOCUMENTS, A DIGITAL COPY OF THE ENTIRE PACKAGE MUST BE EMAILED TO THE CLERK AT: amy.e.cota@warwickri.com**

***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**