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FRANK J. PICOZZI
MAYOR

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

RECEIVED
FEB 28 2024
WARWICK
ZONING BOARD OF REVIEW

PETITION # 10967

Date Feb. 28 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: Scott Rubin

Address: 342 Algonquin Drive

Owner: Scott Rubin

Address: 342 Algonquin Drive

Lessee: _____ Address: _____

1. Ownership Tenure

DATE OF PURCHASE of the above stated property by the CURRENT OWNER:
April 24, 2017

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

2. Street Address of Premises 342 Algonquin Drive
3. Assessor's Plat & Lot 306 140
Plat No. Lot No.
4. Dimensions of lot 100.7 134.0 Area 13,493.8
Frontage Depth Square Feet
5. Zoning District in which premises is located A-10

6. DEVELOPMENTAL STATUS AND PROPOSAL

Are there any buildings on the premises at present? Yes _____

If YES, how many buildings? Yes _____

Identify the size, height and use of each building:

(1) _____

(2) _____

(3) _____

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

7. Present use of premises: Garage _____

Proposed use of premises: Living Space _____

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 (X) Does not apply ()

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

10. Type of Sewer System - Public X Private _____
Septic _____ Cesspool _____ Sewers X _____

11. Is the subject property located in a flood zone? N/A _____
If so, what flood zone? _____

12. Is the subject property located in a Historic District? N/A _____
If so, have you received approval from the Historic District Commission? _____

13. Does your application required Planning Board approval? N/A _____
If so, have you applied and received approval from the Planning Board _____

14. SPECIAL USE PERMIT

A. Use of existing structure _____

B. Extent of proposed alterations 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 _____

B. Extent of proposed alterations in detail _____

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 Side yard setback

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

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).

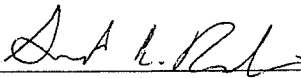
B. Appeal to the Warwick Zoning Board of Appeals from an action of the Warwick Planning Board. (Note: Attach all copies of correspondence, plans and the written decision pertaining to the appeal, including any transcript, audiotapes, constituting the record upon which the action appealed was taken, per 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)



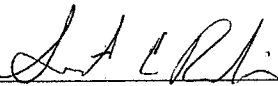
(Address) 342 Algonquin Drive, Warwick, RI 02888

(Phone) 717-538-2632

EMAIL: scott@keystoneaudiology.com

Respectfully submitted,

(Applicant Signature)



(Address) 342 Algonquin Drive, Warwick, RI 02888

(Phone) 717-538-2632

EMAIL scott@keystoneaudiology.com

Attorney:

Name:

Address:

Phone:

EMAIL

*PLEASE BE ADVISED THAT THE STREET NUMBER MUST APPEAR ON ALL PROPOSED FREE-STANDING SIGNS AND 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******