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



PETITION # 10974

Date 6Mar 2024 revision 1

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: Cher Pierce Address: 1250 Post Road ; Warwick, RI

Owner: Sunny & Shears/ United Ink Address: 1250 Post Road; Warwick, RI

Lessee: n/a Address: n/a

1. Ownership Tenure

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

2015

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

2. Street Address of Premises 1250 Post Road

3. Assessor's Plat & Lot

Plat No. 298 Lot No. 298-09

4. Dimensions of lot 97.51' 75.64' Area 9,688
Frontage Depth Square Feet

5. Zoning District in which premises is located GB Ward 3

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) 31' x 26' x 19'high _____

(2) _____

(3) _____

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

7. Present use of premises: Hair Salon and Tattoo Parlor _____

Proposed use of premises: Hair Salon, Tattoo Parlor, with exterior waiting area

8. Total number of RESIDENTIAL UNITS 0 _____

Total number of COMMERCIAL UNITS 1 _____

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 (x)

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

11. Is the subject property located in a flood zone? no x _____
If so, what flood zone? _____

12. Is the subject property located in a Historic District? no x _____
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. Use of existing structure n/a _____

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 ___ Service Use (Hair Salon)_____

B. Extent of proposed alterations in detail ___Erection of temporary tent shelter in NE corner of lot. Structure to be utilized by staff and patrons as waiting area allowing for relaxation in outdoor venue with aromatherapy from assorted plantings in area_____

C. List precise ARTICLE (S) and SECTION (S) of the ZONING ORDINANCE which authorize consideration of the VARIANCE described in above.
section 307.3 and table 2A ___sect 601.2 Accessory Building location. Rear offset required to be 10', we have 7.4'. Side offset required to be 5' we have 7' ___Proposed location bounded by retaining wall to north and easement to Sand Pond on east_____

D. Identify grounds for the proposed VARIANCE. As required in Section 906.3 (A) and 906.3 (B) of the Zoning Ordinance. ___This will result in no interference to adjacent properties and is the least modification possible.

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 Jones
(Address) 1250 Post rd Warwick 02888
(Phone) 401-225-9061 EMAIL: Cheryl401@gmail.com

Respectfully submitted,

(Applicant Signature)

(Address)

(Phone)

EMAIL

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******