



Date Received: _____

TOWN OF SOUTH KINGSTOWN ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION

Applicant Name: _____

Name of Primary Contact (if applicant is an organization): _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

2. OWNER INFORMATION

Owner Name(s): _____

Owner Address: _____

Owner Phone: _____

3. PROJECT INFORMATION

Assessor's Plat & Lot Number: Plat: _____ Lot: _____ Zoning District: _____

Physical Address: _____

4. APPLICATION FOR:

Special Use Permit

Dimensional Variance

Use Variance

Dimensional Modification by Zoning Officer

5. LOT SPECIFICATIONS:

Lot Frontage: _____ ft. Lot Depth: _____ ft. Lot Area: _____ sf.

6. USE OF PREMISES:

Present _____ # of families / Proposed _____ # of families

7. EXISTING STRUCTURE(S):

Number of Existing Buildings or Structures on premises _____

Size of Existing Structures: _____ sf.; _____ sf.; _____ sf.

Distance from Property Lines of existing Buildings or Structures:

Front Yard _____ ft. Side Yard Left _____ ft. Rear Yard _____ ft.

Corner Side Yard _____ ft. Side Yard Right _____ ft.

8. WATER AND SOLID WASTE:

Water: Town Water _____ Well _____ Other _____

Waste: Town Septic _____ Well _____ Other _____

9. STATE THE SIZE OF PROPOSED BUILDING(S)/ADDITION(S):

Square Feet: _____ sf. Width: _____ ft. Length: _____ ft.

Height above existing grade: _____ ft. Number of Stories _____

10. IF DIMENSIONAL RELIEF IS SOUGHT, STATE DISTANCE FROM PROPERTY LINES YOU ARE REQUESTING:

Front Yard: _____ ft.

Rear Yard: _____ ft.

Side Yard Right: _____ ft.

Side Yard Left: _____ ft.

Height: _____ ft.

Corner Side Yard: _____ ft.

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:

SECTION AND USE (if known): _____

12. DESCRIBE EXTENT OF PROPOSED ALTERATIONS. STATE REASONS WHY YOU ARE REQUESTING RELIEF

ZONING BOARD OF REVIEW RULES OF PROCEDURE ITEM K: "Reports from expert witnesses should be submitted with the application or ten (10) days prior to the hearing to give the Zoning Board sufficient review time. If a report is submitted at the time of the hearing, the Chairman may rule on whether the Zoning Board will continue to another meeting to give the Zoning Board time to review the report."

Preparation of this Application and all necessary documentation is the sole responsibility of the Applicant. Town Staff's help in preparation of any facet of this application, including abutter's list is for assistance only. The staff cannot give you advice on the merits of the application nor can they render legal opinions.

The undersigned declares that the information given herein is a true statement to the best of his/her knowledge & belief.

Applicant Signature(s): _____

Applicant(s) Printed Name: _____ Date: _____

Attorney / Other (if applicable) _____ Date: _____

Office Use Only:

Received By: _____ Payment: _____ Permit #: _____ Notice Mailed: _____ Cert. Receipts: _____

OWNER/AUTHORIZED AGENT AUTHORIZATION FORM

Submittal Date: _____

The Owner/Authorized Agent Authorization Form must be completed in full and returned to the Office of the Building and Zoning Official for the Town of South Kingstown along with the Zoning Board of Review Application. Failure to submit this form will delay your application being processed.

I, _____ hereby certify that I am the owner / authorized agent of the property designated as Plat _____, Lot _____, as shown on the Town of South Kingstown Tax Assessor Maps. I further certify that I am the owner / authorized agent of the developmental rights for this property.

I hereby authorize and am in agreement with the application signed by _____ (applicant), for the requested relief or use of the subject property. Said application is to be submitted to the Office of the Building and Zoning Official of the Town of South Kingstown for review and decision by the Zoning Board of Review.

Witness its name this _____ day of _____, _____.

By: _____
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of _____

In _____ on the _____ day of _____, _____, before me personally appeared _____ (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed to be his/her free act and deed, as _____ (individual, corporation, trustee, partnership, non-profit, etc.)

Notary Public: _____

My Commission Expires: _____

Notary Seal:

South Kingstown Zoning Board of Review Application, Filing Instructions & Checklist

1. **Original** completed, and signed application (**plus** 9 copies).
submitted: _____
2. **Original** completed, signed and notarized Owner / Authorized Agent Authorization Form (**plus** 9 copies).
submitted: _____
3. Payment in full (cash or check only).
submitted: _____
 - Residential \$175.00 / Commercial \$250.00 / Multi-family \$300.00 1st unit plus \$10.00 / add. Units
4. 200' Radius Map & Abutters List with Plat & Lot, street address, owner's name(s) & owner's mailing address (1 copy)
submitted: _____
 - Obtained from South Kingstown's GIS & verified with the Tax Assessor for current ownership.
GIS link: <http://gis.southkingstownri.com/webgis/>
Prior to legal mailing, abutter's mailing address must be verified in the Tax Assessor's Office and Current Ownership must be verified with the Town Clerk's Office Land Evidence
5. Site Plan to scale (10 copies, no larger than 11x17).
submitted: _____
 - Showing name, address of property owner
 - Date, North arrow, scale, lot dimensions & area
 - Road(s) indicated and/or landmarks
 - Existing and proposed structures & the distance from lot lines
 - Existing and proposed parking area, driveways & walkways
 - Existing and proposed wells & septic systems
 - Existing and proposed landscaping, as it relates to the request (i.e.... buffering)
 - Location of wetlands, coastal features, site conditions such as cemeteries or stone walls
6. Floor Plans & Elevations with dimensions of proposed structure to scale (10 copies, no larger than 11x17).
submitted: _____
7. Any other material that may be relevant to the proposed application (10 copies, no larger than 11x17).
submitted: _____

Additional information that may be required:

- Recorded Development Plan Review Decision or advisory opinion from any Municipal Board if applicable. The applicant shall first obtain this approval or the application will not be complete and cannot be processed. (10 copies)
- Soil Erosion Plan & Storm Water Plan with calculations in conformity with standards of USDA Soil Conservation Service and RI Erosion and Sediment Handbook (10 copies)
- Traffic Study addressing the potential impacts of proposed activity/use(s) (10 copies)
- Septic Systems needing to be located closer to a wetland under Sect. 504.1 will require an approved septic system plan from the OWTS Section of RI DEM and a recommendation from the South Kingstown Conservation Commission (10 copies)

The applicant or their representative must appear at the hearing to present the application before the Board. If the applicant is not present at the hearing a **notarized designation of authority** from the applicant must be provided.

Preparation of this Application and all necessary documentation is the sole responsibility of the Applicant. Town Staffs help in the preparation of any facet of this application, including abutter's list is for assistance only. The staff cannot give you advise on the merits of the application nor can they render legal opinions.