

**TOWN OF RICHMOND, RHODE ISLAND
ZONING BOARD OF REVIEW**

Town Hall, 5 Richmond Townhouse Road, Wyoming, RI 02898 • (401) 539-9000 ext. 3

Application for a: Use variance Special use permit
 Dimensional variance Appeal from a determination by the
 Modification Zoning Enforcement Officer

DATE: _____

Applicant(s)		
Phone	Cell phone	E-mail
Address		Town, State, Zip
Property Owner		Phone
Address		Town, State, Zip

Property: *Please describe the property that is the subject of the application:*

Property address			
Assessor's Plat	Lot	Zoning district	Lot area
How long have you owned or leased the property?			
Size of existing building(s)			
Size of proposed building(s)			
Present use of property			
Proposed use of property			
If alterations are proposed to the property, please describe them:			

Relief sought: *Please describe what you are asking the Zoning Board of Review to do.*

Has the Building Official refused to issue a permit?	What date?
Has the Zoning Enforcement Officer issued a violation notice?	What date?
What sections of the Zoning Ordinance apply to this application?	
Please explain what relief from the ordinance requirements you are requesting, and why:	

If you are requesting a dimensional variance, please complete this section:

	<i>Circle the corresponding direction at your property</i>	Setbacks and dimensions required in the zoning district (Sec. 18.20.010 and Sec. 18.20.020)	Existing setbacks and dimensions at your property	Proposed setbacks and dimensions at your property
	▼	▼	▼	▼
FRONT	N S E W			
RIGHT SIDE	N S E W			
LEFT SIDE	N S E W			
REAR	N S E W			
HEIGHT				
LOT COVERAGE %				

I am requesting the following dimensional variances:

FRONT	
RIGHT SIDE	
LEFT SIDE	
REAR	
HEIGHT	
LOT COVERAGE %	

Signature: I hereby attest that the information contained in this application is true to the best of my knowledge. I hereby give permission to the Zoning Enforcement Officer and the Zoning Board of Review to enter the property for the purpose of viewing it. I acknowledge that if the application is denied and I

wish to appeal that decision, I will be responsible for ordering and paying for a transcript of the public hearing.

Signature of Applicant
Signature of property owner, if not applicant (required)
Name, Address, Phone of Applicant's Attorney:
Name, Address, Phone of Applicant's Surveyor or Engineer:

APPLICATION CHECKLIST: An **original** and **ten copies** of the following items, with the copies no larger than 11 by 17 inches, must be filed:

1. This application form. All relief requested for a single property may be included on the same application form.
2. An accurate site plan, drawn to scale, showing:
 - ___ the plat and lot number
 - ___ zoning district
 - ___ graphic scale
 - ___ north arrow
 - ___ names of streets
 - ___ lot dimensions
 - ___ location of existing and proposed structures or improvements
 - ___ distances from existing and proposed structures to lot lines
 - ___ location of wells and septic systems
 - ___ location of parking area or landscaping

If the application involves construction of a structure or expansion of a structure, the site plan:

- Must show the location on the site of freshwater wetlands and wetland buffers, and
- **Must be prepared by a registered professional engineer or registered land surveyor.**

The original may be any size; the ten copies may be no larger than 11 by 17 inches.

At the request of an applicant, the Board may waive any of the details that must appear on a site plan. A waiver must be requested in writing, and must be considered at a Board meeting that takes place before the date on which the public hearing is scheduled. The Board has the right to request that the applicant provide additional information.

3. If the proposed construction requires installation, repair, relocation, or upgrading of an Onsite Wastewater Treatment System (OWTS), or a change of use permit, a copy of the application to the R.I. Department of Environmental Management must be submitted.

4. A copy of a portion of the Tax Assessor's Map showing the property that is the subject of the application, and all lots within 200 feet of the perimeter of the subject property.
5. A list of the names and addresses of the owners of all property within 200 feet of the perimeter of the subject property, and anyone else who must be notified under Sec. 18.52.040 of the zoning ordinance. Property ownership information is in the Tax Assessor's Office at Town Hall. *Caution: The property information available on the Town's website provided by Vision Government Solutions lists property locations. It does not provide the mailing addresses of property owners.*
6. If the application is an appeal from a violation notice or other determination of the Zoning Enforcement Officer, copies of that violation notice or determination must be attached.

APPLICATION FEE: The fee for an application to the Zoning Board of Review for a variance, a special use permit, or an appeal of a decision or determination by the Zoning Enforcement Officer is: For single-family or two-family uses, the application fee is \$300. For commercial, business, industrial, institutional, or multi-family uses, the application fee is \$400. A surcharge of \$100 is collected for each application to cover the administrative costs associated with the public hearing.

The fee for an application to the Zoning Enforcement Officer for a modification is \$150. If the modification is denied and the applicant seeks a variance, the applicant must pay the fees and charges applicable to a Zoning Board of Review application.

AFFIDAVIT OF MAILING: Before your public hearing takes place, you must submit an affidavit to the Building, Zoning and Planning clerk stating that you have sent notice of the public hearing by regular mail to all owners of property within 200 feet of the subject property, listing the names and addresses to whom notice was sent, and stating the date on which you mailed the notice.

If you have any questions about how to complete this application form, you may call the Zoning Enforcement Officer or the Building, Zoning and Planning clerk at (401) 539-9000, ext. 3, on weekdays between 9:00 a.m. and 4:00 p.m.

11/5/03, 2/05/04 rev., 3/19/04 rev., 4/2/04 rev., 1/17/05 rev., 3/14/05 rev., 8/24/06 rev., 9/17/07 rev., 6/16/08 rev., 8/06/08 rev., 9/20/08 rev., 10.27.08 adopted, 11.2.09 rev., 5.13.10 rev., 2.7.12 rev., 1.14.20 rev., 1.22.20 rev., 6.19.20 rev.