

CITY OF PROVIDENCE

ZONING BOARD OF REVIEW

APPLICATION FOR VARIANCE OR SPECIAL USE PERMIT
UNDER THE ZONING ORDINANCE

- ☐ Variance - Use
☐ Variance - Dimensional
☐ Special Use Permit

Date: _____

To the Zoning Board of Review:

The undersigned hereby applies to the Zoning Board of Review under the provisions of the Zoning Ordinance affecting the following described premises in the manner and on the grounds hereinafter set forth.

Owner: _____ Tel. No. _____

Address: _____ Zip Code _____

Applicant: _____ Tel. No. _____

Address: _____ Zip Code _____

Lessee: _____ Tel. No. _____

Address: _____ Zip Code _____

1. Location of subject property: _____

2. Assessor's Plat(s) _____ Lot(s) _____

3. Dimensions: Lot # _____ frontage _____ depth _____ area _____ sq. ft.

Lot # _____ frontage _____ depth _____ area _____ sq. ft.

Lot # _____ frontage _____ depth _____ area _____ sq. ft.

4. Zoning District(s) in which subject property is located: _____ Overlay District: _____

5. Is the property located within: (check one) ☐ Historic District
☐ Downcity Overlay District
☐ Capital Center District

5a. If question No. 5 is checked, have the plans been approved by the Providence Historic District Commission, the Downcity Design Review Committee or the Capital Center Commission? ☐ Yes ☐ No

6. How long have you owned the subject property? _____

7. Is there a building(s) on the property at present? ☐ Yes ☐ No

8. Size of existing building(s): _____

9. Size of proposed building(s): _____

10. Present Use of Premises (each lot): _____

11. Legal Use of Premises, each lot as recorded in the Department of Inspection & Standards:

12. Proposed Use of Premises (each lot): _____

13. Give extent of proposed construction or alterations (each lot): _____

14. Are there outstanding violations concerning the:
- ☐Zoning Ordinance
- ☐RI State Building Code
- ☐Providence Housing Code
- ☐Not applicable

15. Section(s) of the Zoning Ordinance under which this application is made:

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16. Explain the proposed changes to be made to the subject property and state grounds to support this application:

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The undersigned further acknowledges and agrees that the members of the Zoning Board of Review and the Board’s staff may enter upon the exterior of the property prior to any scheduled hearing on the application pending before the Zoning Board of Review to view the premises in connection with said hearing.

Signature(s) of Property Owner(s):

Signature(s) of Applicant(s):

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Type Name
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Signature
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Address:
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Please Note: All requirements listed on the instruction sheet must be complied with or this application will not be accepted.