

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): _____

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