

**City of Cranston  
Zoning Board of Review  
Application**

Application for exception or variation under the zoning ordinance "City of Cranston Zoning Code, December 1994 Edition as amended."

To: Cranston Zoning Board of Review  
35 Sockanosset Crossroad Suite 6  
Cranston, RI 02920

Date: 1/9/2023

THE UNDERSIGNED HEREBY APPLIES TO THE ZONING BOARD OF REVIEW FOR AN EXCEPTION OR A VARIATION IN THE APPLICATION OF THE PROVISIONS OR REGULATIONS OF THE ZONING ORDINANCE AFFECTING THE FOLLOWING DESCRIBED PREMISES IN THE MANNER AND ON THE GROUNDS HEREINAFTER SET FORTH.

OWNER: City of Cranston

ADDRESS: 869 Park Avenue, Cranston RI ZIP CODE: 02910

APPLICANT: City of Cranston

ADDRESS: 869 Park Avenue, Cranston RI ZIP CODE: 02910

LESSEE:

ADDRESS: ZIP CODE:

1. ADDRESS OF PROPERTY: 41 Heath Avenue

2. ASSESSOR'S PLAT #: 41 BLOCK #: 2 ASSESSOR'S LOT #: 300 WARD:

3. LOT FRONTAGE: 442 LOT DEPTH: 141 LOT AREA: 22,560 SF

4. ZONING DISTRICT IN WHICH PROPERTY IS LOCATED: A6 6000 sq ft 35 ft  
(ZONE) (AREA LIMITATION) (HEIGHT LIMITATION)

5. BUILDING HEIGHT, PRESENT: N/A PROPOSED: N/A

6. LOT COVERAGE, PRESENT: N/A PROPOSED: N/A

7. HOW LONG HAVE YOU OWNED THE ABOVE PREMISES? Since 11/20/1928

8. ARE THERE ANY BUILDINGS ON THE PREMISES AT PRESENT? yes - to be demolished

9. GIVE SIZE OF EXISTING BUILDING(S): N/A

10. GIVE SIZE OF PROPOSED BUILDING(S): N/A

11. WHAT IS THE PRESENT USE? Vacant School Building

12. WHAT IS THE PROPOSED USE? Residential

13. NUMBER OF FAMILIES FOR WHICH BUILDING IS TO BE ARRANGED: N/A

14. DESCRIBE IN DETAIL THE EXTENT OF PROPOSED ALTERATIONS: \_\_\_\_\_

The proposed subdivision will yield 4 undersized lots (proposed parcels A, B, C & D) This application form is for proposed "Parcel A", which shall be 5,640 sq ft area, and is located at the north-west corner of the subject property. (O First Ave)

15. HAVE YOU SUBMITTED PLANS TO THE BUILDING OFFICIAL? \_\_\_\_\_ No

16. WERE YOU REFUSED A PERMIT? \_\_\_\_\_ No

17. PROVISION OR REGULATION OF THE ZONING ORDINANCE OR STATE ENABLING ACT UNDER WHICH APPLICATION FOR EXCEPTION OR VARIANCE IS MADE.

17.20.120 - Schedule of Intensity Regulations


The required lot area in the subject zone is 6000 sq ft, the proposed lot area of this parcel is 5640 sq ft.

18. STATE GROUNDS FOR EXCEPTION OR VARIANCE IN THIS CASE: \_\_\_\_\_

Applicant seeks dimensional variance to accommodate the future development of a residential unit on an undersized lot

**SIGNATURE OF APPELLANT(S) AND ATTORNEY (IF APPLICABLE) IS REQUIRED AND MUST BE LEGIBLE.**

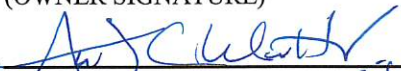
**RESPECTFULLY SUBMITTED,**

  
(OWNER SIGNATURE) *C. J. & Cheryl  
Chick & Shiff*

*407 780 - 3153*  
(PHONE NUMBER)

(OWNER SIGNATURE)

(PHONE NUMBER)

  
(APPLICANT SIGNATURE) *City of Chicago  
Chick & Shiff*

*407 780 - 3153*  
(PHONE NUMBER)

(LESSEE SIGNATURE)

(PHONE NUMBER)

(ATTORNEY SIGNATURE)

(PHONE NUMBER)

(ATTORNEY NAME-PLEASE PRINT)

ATTORNEY ADDRESS: \_\_\_\_\_

PRE-ZONING APPLICATION MEETING:

  
(PLANNING DEPT. SIGNATURE)

*1/10/23*  
(DATE)

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The proposed subdivision will yield 4 undersized lots (proposed parcels A, B, C & D). This application form is for proposed "Parcel B" which shall be 5,640 SF in area, and is located at the north-east corner of the subject property. (0 Fis/Ac)

15. HAVE YOU SUBMITTED PLANS TO THE BUILDING OFFICIAL? \_\_\_\_\_ No

16. WERE YOU REFUSED A PERMIT? \_\_\_\_\_ No

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**RESPECTFULLY SUBMITTED,**

  
(OWNER SIGNATURE) City of Grants  
Chief of Staff

401-780-3153  
(PHONE NUMBER)

(OWNER SIGNATURE)

(PHONE NUMBER)

  
(APPLICANT SIGNATURE) City of Grants  
Chief of Staff

401-780-3153  
(PHONE NUMBER)

(LESSEE SIGNATURE)

(PHONE NUMBER)

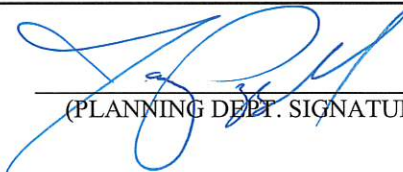
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(PHONE NUMBER)

(ATTORNEY NAME-PLEASE PRINT)

ATTORNEY ADDRESS: \_\_\_\_\_

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The proposed subdivision will yield 4 undersized lots (proposed parcels A, B, C & D). This application form is for proposed "Parcel C," which shall be 5,640 in area, and is located at the southwest corner of the subject property. O Second Ave

15. HAVE YOU SUBMITTED PLANS TO THE BUILDING OFFICIAL? \_\_\_\_\_ No

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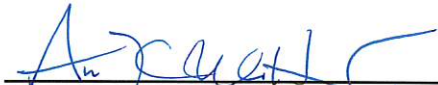
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**RESPECTFULLY SUBMITTED,**

  
(OWNER SIGNATURE) *City of Coniston  
Chief of Staff*

401-280 3153  
(PHONE NUMBER)

(OWNER SIGNATURE)

(PHONE NUMBER)

  
(APPLICANT SIGNATURE) *City of Coniston  
Chief of Staff*

401 780 3153  
(PHONE NUMBER)

(LESSEE SIGNATURE)

(PHONE NUMBER)

(ATTORNEY SIGNATURE)

(PHONE NUMBER)

(ATTORNEY NAME-PLEASE PRINT)

ATTORNEY ADDRESS: \_\_\_\_\_

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The proposed subdivision will yield 4 undersized lots (proposed parcels A, B, C & D). This application form is for proposed "Parcel D," which shall be 5,640 in area, and is located at the south-west corner of the subject property, 0 second ave

15. HAVE YOU SUBMITTED PLANS TO THE BUILDING OFFICIAL? \_\_\_\_\_ No

16. WERE YOU REFUSED A PERMIT? \_\_\_\_\_ No

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**RESPECTFULLY SUBMITTED,**

  
(OWNER SIGNATURE) *Cody & Christina  
Chief & Staff*

*401 780 3153*  
(PHONE NUMBER)

  
(APPLICANT SIGNATURE) *Cody & Christina  
Chief & Staff*

(PHONE NUMBER)

*401 780 3153*  
(PHONE NUMBER)

(LESSEE SIGNATURE)

(PHONE NUMBER)

(ATTORNEY SIGNATURE)

(PHONE NUMBER)

(ATTORNEY NAME-PLEASE PRINT)

ATTORNEY ADDRESS: \_\_\_\_\_

**PRE-ZONING APPLICATION MEETING:**

  
(PLANNING DEPT SIGNATURE)

*11/10/23*  
(DATE)