

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: _____

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: _____

ADDRESS: _____ ZIP CODE: _____

APPLICANT: _____

ADDRESS: _____ ZIP CODE: _____

LESSEE: _____

ADDRESS: _____ ZIP CODE: _____

1. ADDRESS OF PROPERTY: _____

2. ASSESSOR'S PLAT #: _____ BLOCK #: _____ ASSESSOR'S LOT #: _____ WARD: _____

3. LOT FRONTAGE: _____ LOT DEPTH: _____ LOT AREA: _____

4. ZONING DISTRICT IN WHICH PROPERTY IS LOCATED: _____
(ZONE) (AREA LIMITATION) (HEIGHT LIMITATION)

5. BUILDING HEIGHT, PRESENT: _____ PROPOSED: _____

6. LOT COVERAGE, PRESENT: _____ PROPOSED: _____

7. HOW LONG HAVE YOU OWNED THE ABOVE PREMISES? _____

8. ARE THERE ANY BUILDINGS ON THE PREMISES AT PRESENT? _____

9. GIVE SIZE OF EXISTING BUILDING(S): _____

10. GIVE SIZE OF PROPOSED BUILDING(S): _____

11. WHAT IS THE PRESENT USE? _____

12. WHAT IS THE PROPOSED USE? _____

13. NUMBER OF FAMILIES FOR WHICH BUILDING IS TO BE ARRANGED: _____

14. DESCRIBE IN DETAIL THE EXTENT OF PROPOSED ALTERATIONS: _____

15. HAVE YOU SUBMITTED PLANS TO THE BUILDING OFFICIAL? _____

16. WERE YOU REFUSED A PERMIT? _____

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

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

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

RESPECTFULLY SUBMITTED,

(OWNER SIGNATURE)

(PHONE NUMBER)

(OWNER SIGNATURE)

(PHONE NUMBER)

(APPLICANT SIGNATURE)

(PHONE NUMBER)

(LESSEE SIGNATURE)

(PHONE NUMBER)

(ATTORNEY SIGNATURE)

(PHONE NUMBER)

(ATTORNEY NAME-PLEASE PRINT)

ATTORNEY ADDRESS: _____

PRE-ZONING APPLICATION MEETING:

(PLANNING DEPT. SIGNATURE)

(DATE)