

Town of North Providence
Zoning Board of Review
1951 Mineral Spring Avenue
North Providence, RI 02904

Application for Variance or Special Use Permit

_____ Use Variance _____ Dimensional Variance _____ Special Use Permit

Use attachments where necessary.

Applicant: _____ Address: _____

Owner: _____ Address: _____

1. Address of Subject Premises: _____
2. Assessor's Plat _____ Lot _____
3. Zoning District _____
4. Size of existing building, if applicable _____ SF
5. Size of proposed building(s), if applicable _____ SF
6. Proposed alterations _____
7. Present use of premises _____
8. Proposed use of premises _____
9. Provision(s) of Zoning Ordinance under which application is being made: _____
10. Grounds for variance or special use permit _____

Applicant

Owner

Name: _____

Name: _____

Address

Address

Telephone

Telephone

Email

Email

North Providence Zoning Board of Review

Submission Requirements for Variances and Special Use Permits

Any questions should be directed to the Zoning Official at zoning@northprovidenceri.gov.

The following requirements must be completed prior to the Zoning Board of Review processing your application for hearing.

1. All questions on the application must be answered. The OWNER of the property and the APPLICANT/APPLICANTS must sign the application. Please provide us with a telephone number and email address where you can be reached. If you are a CORPORATION, an attorney must represent you before the Zoning Board of Review.
2. You must submit with your application at least twenty-eight (28) days prior to the hearing:
 - Twenty-two (22) copies of the application with the following, **IN A COLLATED MANNER**:
 - Twenty-two (22) copies¹ of an 11 X 17 size plat map showing a radius of property owners within 200 feet of the subject property's(ies') lot lines, with twenty-two (22) copies of a typed list of those property owners within the radius and their addresses and plat/lot number. Include the zoning department (1951 Mineral Spring Avenue, North Providence, RI 02904) and owner of the property on your list and in your mailing.
 - Eight (8) large scale Class I survey with proposed structures (when new structures/additions are proposed), and fourteen (14) copies of 11 X 17 size survey plans.
 - A filing fee in the amount of \$125.00.
 - One digital copy (pdf) of all plans should also be submitted, on digital media or by email to zoning@northprovidenceri.gov.
3. You must give notice of the hearing at least fourteen (14) days prior to the date of the hearing by certified mail/return receipt requested to the owner (if not the same as the applicant), the zoning department, and to the list of property owners identified in your radius map list. The Notice will be provided to you by email from zoning@northprovidenceri.gov. You must complete the attached Affidavit of Proof of Mailing Notice, signed before a notary.
4. You must submit one week before the date of the hearing:
 - Your share of the cost of publishing a newspaper advertisement providing notice of the meeting. Your share of the cost will be provided to you by email, unless otherwise agreed to by you and the Zoning Official.
 - The Affidavit of Proof of Mailing, return receipts from mailing, and any returned envelopes.
5. Meetings normally occur on the third Thursday of the month. The Applicant must be present; the Owner of the property is encouraged to attend to answer any questions relating to the request and standards for approval.
6. If any of the above requirements have not been met, your hearing will be delayed.

¹ Twelve (12) of the copies will be submitted to the Planning Board for its recommendation to the Zoning Board.

Zoning Board of Review
Town of North Providence
Dennis Reall, Chairman

AFFIDAVIT OF PROOF OF NOTICE

I, _____, hereby certify under the pains and penalties of perjury that on the _____ day of _____, 20____, I caused to be mailed, by first class mail a copy of the attached Notice of Hearing to the attached list of property owners, the zoning department, and the owner of the property.

Printed Name:

STATE OF RHODE ISLAND
COUNTY OF _____

On this _____ day of _____, 20____, in _____, Rhode Island, the undersigned notary public, personally appeared _____ personally known to me , or proved to me with satisfactory evidence of identification, which was _____, to be the person who signed above before me and who swore or affirmed to me that the contents of the preceeding statement are truthful and accurate.

Printed Name:
My commission expires:

SEAL

Zoning Board of Review
1951 Mineral Spring Avenue
North Providence, RI 02904

Dennis Reall, Chairman
Kelley Morris, Zoning Official

revised 5.7.14 by KNM