Town of North Kingstown

Zoning Board of Review Application

CONTACT INFORMATION

Applicant

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Owner (if different than above)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Engineer / Surveyor

Name _____

Address _____

City _____ State _____ Zip Code _____

Attorney

Name _____

Address _____

Phone _____ Email _____

PROPERTY INFORMATION

Assessor's Plat _____ Lot(s) _____

Street Address _____

Zoning District _____ Length of Property Ownership _____

Lot Dimensions (ft): _____ Frontage _____ Width _____ Depth _____ Lot Size (sq. ft.)

Existing Buildings on Property: ◯ No ◯ Yes Size of Existing Buildings (sq. ft.) _____

APPLICATION

ZBR Approvals Required: ◯ Special Use Permit ◯ Dimensional Variance ◯ Use Variance

Existing Building(s) to be Demolished: ◯ No ◯ Yes Size of Proposed Buildings (sq. ft.) _____

Brief Description of Proposed Alterations _____

_____

_____

PROPOSED ALTERATION

Zoning Characteristics Matrix

	Main Structure			Accessory Structure		
	Existing	Ordinance Requirement	Proposed	Existing	Ordinance Requirement	Proposed
Front Setback						
Right Side Setback						
Left Side Setback						
Rear Setback						
Height						

Deviation From Required Standards - List each applicable section of the North Kingstown Zoning Ordinance for which relief is being sought

Section & Subsection Number	Title of Section	Ordinance Requirement	Proposed

CERTIFICATION

Attest: The information provided on this application is true and accurate

Applicant's Signature _____ Date _____

Owners's Signature _____ Date _____

ADMINISTRATIVE

For Official Use

Application Submission Date _____

Zoning Board Meeting Date _____

Newspaper Advertisement Date _____

Application Fees _____ Paid: ◯ Yes ◯ No

Court Reporter Fees _____ Paid: ◯ Yes ◯ No

Town of North Kingstown

Notice to Abutters

Town of North Kingstown
Notice of Public Hearing

Notice is hereby given that the Town of North Kingstown Zoning Board of Review will hold a public hearing on Tuesday, (month) (date), 20(year) at 7:00PM in the North Kingstown Municipal Offices Conference Room, 100 Fairway Dr., North Kingstown, RI, for the purpose of hearing all persons for or against the following request:
Request by (name of applicant) for the approval of a (relief requested, i.e. variance or special use permit) for (general description of proposed site modifications) located at (street address), Plat (??), Lot(s) (??).

The Town of North Kingstown will provide interpreters for the hearing impaired provided that three (3) days written notice is given in advance.

Plans of this application may be examined at the North Kingstown Department of Planning & Development, 100 Fairway Dr., Monday-Friday during normal business hours 8:30-4:30.

Town of North Kingstown

Affidavit

I, _____
Name

Of _____
Address

Do herby swear that I am a petitioner to the North Kingstown Zoning Board of Review.
This petition relates to the premises situated on

_____ _____
Plat(s) Lot(s)

A hearing on this petition is scheduled for _____
Zoning Board Meeting Date

I swear that I have complied with the requirements of the North Kingstown Zoning Ordinance in that I have mailed by US mail **OR** certified mail (return receipt requested) notices to all property owners within a 200-foot radius of the aforementioned property, advising them of the petition and hearing date. Attached is a copy of the notice sent, along with the return receipts (if mailed certified).

_____ _____
Signature Date

Subscribed and sworn to me this _____day of _____ _____
Day Month Year

_____ _____
Signature of Notary My term expires

Town of North Kingstown

Newspaper Advertisement Template

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Request by (name of applicant) for the approval of a (relief requested, i.e. variance or special use permit) for (general description of proposed site modifications) located at (street address), Plat (??), Lot(s) (??) as provided for in Section 21-11(b) of the Zoning Ordinance.

The Town of North Kingstown will provide interpreters for the hearing impaired provided that three (3) days written notice is given in advance.

Plans of this application may be examined at the North Kingstown Department of Planning & Development, 55 Brown Street, during normal business hours, Monday-Friday 8:30 am- 4:30 pm.

Legal Ad – The North East Independent

Contact Information:
Email Form to: ads@newport.com
Phone: 401-380-2321

Run Date:

Name:
Address:
Phone:
Email:

By State Law: Normal Type Must Be Used.