



TOWN OF
NORTH KINGSTOWN, RHODE ISLAND

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TOWN OF NORTH KINGSTOWN

APPLICATION FOR AMENDMENT TO ZONING MAP/ORDINANCE

APPLICATION FOR: _____ Zoning Ordinance Amendment
_____ Zoning Map Amendment

TO: Town Council
c/o Town Clerk
80 Boston Neck Road
North Kingstown, RI 02852

Date: _____

The undersigned hereby applies to the Town Council for an amendment to the Zoning Ordinance/map as set forth in Chapter 21 of the Zoning Ordinances and RIGL Section 45-24 affecting the following described premises hereinafter set forth.

APPLICANT: _____ ADDRESS: _____

OWNER: _____ ADDRESS: _____

STATUS OF APPLICANT: _____

LOCATION OF PREMISES _____

Street Address Plat Lot
ZONING DISTRICT IN WHICH PROPERTY IS LOCATED: _____

PROPOSED ZONING DISTRICT: _____

DESCRIPTION OF EXISTING STRUCTURE(S): _____

PRESENT USE(S) OF PREMISES: _____

PROPOSED USE(S) OF PREMISES: _____

STATE PROVISIONS OF THE ZONING ORDINANCE FOR WHICH A ZONING ORDINANCE AMENDMENT IS SOUGHT. Please attach a copy of the proposed ordinance to the application. _____

WHERE A MAP CHANGE IS PROPOSED, PLEASE ATTACH A MAP SHOWING THE FOLLOWING:

- a. Site boundaries, plat and lot numbers, zoning district boundaries as available from the Town Assessor records;
- b. Existing and proposed zoning district boundaries, existing streets and roads by name and the Town Boundaries where appropriate;
- c. Existing land use of the site and surrounding area within 500 feet of the perimeter of the site;
- d. Existing roadway networks designating limited access highways, arterials, collectors, and local roads

Attach a list of the names and mailing addresses of all persons owning property within 200 feet of the proposed zone change according to the most recent list of the Tax Assessor. The list shall include the plat map and lot designations as listed on the tax records _____ List
Attached _____

In the case of a split zoned parcel or a parcel proposed for two separate zoning designations, a metes and bounds description of that portion of the property affected by the application shall be attached. _____

Attach certification from Tax Collector that all taxes due on the property were paid for a period of five (5) years prior to the filing of the application and are current. _____

STATE GROUNDS FOR ZONING MAP OR ZONING ORDINANCE AMENDMENT AND/OR REASONS FOR THE REQUESTED ACTION; Indicate and refer to applicable portions of the North Kingstown Comprehensive Plan to demonstrate consistency between the zoning ordinance request and the Plan: _____

ARE THERE ANY OUTSTANDING EASEMENTS, COVENANTS, LIENS, LAWSUITS, ADMINISTRATIVE OR COURT ACTIONS OF ANY SORT CURRENTLY AFFECTING IN ANY WAY THE SUBJECT PROPERTY. IF YES, EXPLAIN SOURCE AND NATURE OF SAME. FAILURE TO DISCLOSE ANY OF THE ABOVE INFORMATION WILL RESULT IN PROCEDURAL INVALIDITY OF THIS APPLICATION.

Fees Paid _____

Signature of Owner(s) _____

Signature of applicant(s) _____

Address _____

Address _____

Telephone _____

Telephone _____

Reviewed by Planning Department _____

Planning Commission Hearing Date _____

Town Council Hearing Date _____