



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 _____

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						

PROPOSED ALTERATION

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

Zoning Board Notice to Abutters

NOTICE TO ABUTTERS

Applicant / Owner

Name _____

Assessor's Plat _____ Lot(s) _____

Street Address _____

I am notifying you of my intent to petition the Zoning Board for the following relief:

Special Use Permit _____
Indicate Section

Dimensional Variance _____
Indicate Section

Variance _____
Indicate Section

Use Variance _____
Indicate Section

Permission is being requested to: _____

For relief under Chapter 21 of the North Kingstown Zoning Ordinance concerning the above mentioned property.

This petition will be heard by the Zoning Board of Review at the
Town of North Kingstown Town Hall
Conference Room
80 Boston Neck Road
North Kingstown, RI 02852
at 7:00 p.m. on

Meeting Date

This letter is sent to you as an abutter of record as required by law. Questions or comments relative to this position should be directed to the

Planning Department
55 Brown Street
North Kingstown, RI 02852
401-294-3331, x 311.

Town of North Kingstown

Affidavit



I, _____
Name

Of _____
Address

Do hereby 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

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 Town Hall Conference Room, 80 Boston Neck Road, 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) (??) 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.

Legal Ad – The North East Independent

Contact Information:

Email Form to: costa@newportri.com

Phone: 401-380-2321

To Be Run One Time Only on (Insert Date)
(phone number)

To Be Paid By Applicant, Payment to The North East Independent should be made over the phone by credit card.

The North East Independent will contact you after they receive your email with the Newspaper Advertisement Form. Please be sure to send your advertisement as a Word document.

By State Law: Normal Type Must Be Used.