## CITY OF PROVIDENCE ZONING BOARD OF REVIEW

## APPLICATION FOR VARIANCE OR SPECIAL USE PERMIT UNDER THE ZONING ORDINANCE

	Date:
CHECK EACH LINE THAT APPLIES TO THE ZONING	G RELIEF SOUGHT:
Variance – Use	
Variance – Dimensional	
Special Use Permit	
Owner:	Tel. No
Mailing Address:	Zip Code
E-mail Address:	Cell Phone:
Applicant:	Tel. No
Mailing Address:	Zip Code
E-mail Address:	Cell Phone:
Lessee:	Tel. No
Mailing Address:	Zip Code
E-mail Address:	Cell Phone:
Location of property (street address):	
2. Assessor's Plat(s) Lot(s	)
3. Dimensions: Lot # frontage depth _	sq. ft.
Lot # frontage depth	_ areasq. ft.
Lot # frontage depth	_ Total areasq. ft.
4. Zoning District(s) in which subject property is located:	Overlay District:
5. Is the property located within: (check) Histo	ric District
Down	ncity Overlay District
Capit	al Center District
5a. If question No. 5 is checked, have the plans been appropriate District Commission, the Downcity Design Review C Commission? Yes No	•

6.	Month/year owner purchased the property		
7.	Month/year of lessee's occupancy of the property:		
8.	Is there a building(s) on the property at present? Yes No		
9.	Size of existing building(s):		
	Footprint: Height Total square footage:		
10.	Size of proposed building(s):		
	Footprint: Height Total square footage:		
11.	Present Use of Premises (each lot):		
12.	. Legal Use of Premises (each lot) as recorded in the Department of Inspection & Standards:		
13.	Proposed Use of Premises (each lot):		
1.4			
14.	4. Describe extent of proposed construction or alterations (each lot):		
	,		
15.	Are there outstanding violations concerning the: Zoning Ordinance		
	RI State Building Code		
	Providence Housing Code		
	Not applicable		
16.	List all Section Numbers of the Zoning Ordinance under which this application is made, and the description of each section:		
17.	If this is an application for a <b>variance</b> (use or dimensional), state the hardship on the applicant that results in the need for the variance.		

18.	If this is an application for a <b>special us</b> provides for the special use.	e permit, state the section of the Ordinance that
19.	Explain the proposed changes to be made to the property and state grounds to support this application:	
the		that the members of the Zoning Board of Review and or of the property for the purpose of viewing the he application.
and	I that knowingly providing a false state	nat the statements herein are true and accurate, ement in this application may be subject to ag action under the State False Claims Act.
Sigi	nature(s) of Property Owner(s):	Signature(s) of Applicant(s):
Sign	nature	Signature
Typ	pe Name	Type Name
Sign	nature	Signature
Тур	pe Name	Type Name

**Revised 9/30/13**