

**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 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: _____

1. Location of property (street address): _____

2. Assessor's Plat(s) _____ Lot(s) _____

3. Dimensions: Lot # _____ frontage _____ depth _____ Total area _____ sq. ft.

Lot # _____ frontage _____ depth _____ area _____ sq. ft.

Lot # _____ frontage _____ depth _____ Total area _____ sq. ft.

4. Zoning District(s) in which subject property is located: _____ Overlay District: _____

5. Is the property located within: (check) _____ Historic District
_____ Downcity Overlay District
_____ Capital Center District

5a. If question No. 5 is checked, have the plans been approved by the Providence Historic District Commission, the Downcity Design Review Committee or the Capital Center Commission? _____ Yes _____ No

