

City of Woonsocket, Rhode Island
ZONING BOARD OF REVIEW
City Hall – 169 Main Street
Woonsocket, Rhode Island 02895

FOR OFFICIAL USE:

Meeting Date _____

Agenda # _____

Fee Paid \$ _____

Prints Received _____

**APPLICATION FOR SPECIAL USE PERMIT, VARIANCE
OR ZONING OFFICER APPEAL
UNDER THE ZONING ORDINANCE OF THE CITY OF WOONSOCKET**

Date: _____

To the Honorable Zoning Board of Review:

The undersigned hereby applies to the Zoning Board of Review for a special exception, variance or Zoning Officer appeal in the application of the provisions or regulations of the Zoning Ordinance of the City of Woonsocket affecting the following described premises in the manner and on the grounds hereinafter set forth:¹

APPLICANT OR LESSEE (Circle which applies)

Name _____

Business Name (if different) _____

Address _____ Tel. No. _____

City, State, Zip Code _____ E-mail: _____

OWNER

Name _____

Address _____ Tel. No. _____

City, State, Zip Code _____ E-mail: _____

INDICATE ALL PROPERTIES OWNED OR HAVE AN INTEREST IN, INCLUDING COMPANIES AND CORPORATIONS (INC, LLC)

¹ For information on fees consult the Zoning Ordinance or contact the zoning clerk.

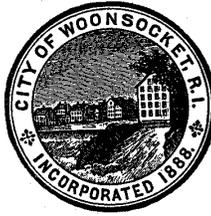
THE PROPERTY

1. **Location of the property** _____
2. **Assessor's Plat** _____ **Lot** _____ **Square footage** _____
3. **Zoning District in which the property is located** _____
4. **How long have you owned the property?** _____
5. **Is there a building or structure on the property at present?** _____
6. **Give size of existing building** _____ **Proposed building** _____
7. **Is there any Minimum Housing code violations or other violations of any kind on this property? Yes ___ No ___**
8. **Have all taxes fees been paid on all above listed properties? Yes _____ No _____**
9. **State present use of the property** _____

10. **State proposed use of the property** _____

11. **Give extent of proposed alterations on the proposed structure** _____

12. **Number of families for which the building is to be used** _____
13. **Have you appeared before the Zoning Board of Review for this property within the past twelve (12) months?** _____
14. **Have you submitted plans for the above to the Chief of Building Inspection Services? Yes _____ No _____**
15. **Has he refused to issue a building permit for this project?** _____
16. **Provisions or regulations of Zoning Ordinance or State Enabling Act under which application for special use permit, variance, or Zoning Officer appeal is being made**



CITY OF WOONSOCKET, RHODE ISLAND
Office of the Zoning Officer

169 Main Street, Woonsocket
Rhode Island 02895-4379

Tel. (401) 767-9238
Fax (401) 769-5612

Notice to Owner

If for any reason you will be unable to attend the scheduled Zoning Board hearing, and would like a representative to speak on your behalf, please fill out this form, have it notarized, and have your representative present it to the Zoning Board on the night of the meeting.

I, _____ agree to have _____ act as

Owner

Representative

my authorized representative before the Woonsocket Zoning Board. This person has the authority to present testimony and answer questions on my behalf regarding my property located

at _____.

Property Address

Owner

Notary Public (Print name)

Notary Public (Signature)

My Commission expires on:

____/____/____