



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 _____		
Phone _____	Email _____			
Attorney				
Name _____				
Address _____				
City _____	State _____	Zip Code _____		
Phone _____	Email _____			
PROPERTY INFORMATION	Assessor's Plat(s) _____		Lot(s) _____	
	Street Address _____			
	Zoning District _____		Length of Property Ownership _____	
	Lot Dimensions (ft):	Frontage _____	Width _____	Depth _____
	Existing Buildings on Property:		No	Yes
			Size of Existing Buildings (sq. ft.) _____	
APPLICATION	ZBR Approvals Required:		Special Use Permit	Dimensional Variance
	Existing Buildings(s) to be Demolished:		No	Yes
	Brief Description of Proposed Alterations _____		Size of Proposed Buildings (sq. ft.) _____	

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	Relief Sought

CERTIFICATION

Attest: The information provided on this application is true and accurate

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

ADMINISTRATIVE

For Official Use Only Application

Submission Date Zoning Board _____

Meeting Date Newspaper _____

Advertisement Date Application _____

Fees _____ Paid: No Yes

Court Reporter Fees _____ Paid: No Yes

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 Commission Expires



Town of North Kingstown

Notice to Abutters

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 North Kingstown Municipal Offices Conference Room, 100 Fairway Dr., 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) (??).

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, 100 Fairway Dr., Monday-Friday during normal business hours 8:30-4:30.



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 North Kingstown Municipal Offices Conference Room, 100 Fairway Dr., 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, 100 Fairway Dr., during normal business hours, Monday-Friday 8:30 am- 4:30 pm.

Legal Ad – The Independent

Contact Information:

Email Form to: legals@ricentral.com

Phone: 401-789-9744

Run date:

Name:

Address:

Phone:

Email:

By State Law: Normal Type Must Be Used.