

Town of Little Compton
Town Hall
P.O. Box 226
Little Compton, RI 02837

APPLICATION

Town of Little Compton Zoning Board of Review

File No. _____
(for office use only)

Date: _____

Board Members:

The undersigned hereby applies to the Zoning Board of Review for the following:

Check one box only:

I: **AN APPEAL** as provided for in section 14-9.1.a, 14-9.3.a or 14-9.7 of the Zoning Ordinance.

II: **VARIANCE(S)** as provided for in section 14-9.3.b of the Zoning Ordinance.

III: **SPECIAL USE PERMIT(S)** as provided for in section 14-9.3.c of the Zoning Ordinance.

I hereby submit the following information in support of this application for consideration and public hearing:

Applicant Name *(type or print)*: _____

Applicant Address: _____

Tel. No. (cell) _____ (home) _____

Email Address: _____

Applicant's Signature: _____

All property owners must sign this application

Owner's Name(s), **if different** than Applicant, (type or print): _____

Owner's Signature(s), **if different** than Applicant: _____

PREMISES:

1. Street No(s)._____ Street Name:_____

2. Assessors' Plat. No._____ Lot No.(s):_____

3. General Lot Dimensions: Area (*in acreage or sq. ft.*):_____

Frontage: _____ feet

Average Depth: _____ feet

4. Zoning District (*Residence or Business*)_____

5. Existing Structures on Premises:

Principal Structure

Accessory Structure #1 (*if applicable*)

Ground Floor Area: _____ sq. feet

Ground Floor Area: _____ sq. feet

Number of Floors: _____

Number of Floors: _____

Structure Height: _____ feet

Structure Height: _____ feet

Accessory Structure #2 (*if applicable*)

Accessory Structure #3 (*if applicable*)

Ground Floor Area: _____ sq. feet

Ground Floor Area: _____ sq. feet

Number of Floors _____

Number of Floors: _____

Structure Height: _____ feet

Structure Height: _____ feet

6. Total Lot Coverage of **all** structures: Existing:_____

Proposed: (*if applicable*)_____

7. Current Use of Principal Structure and Site:

Residence: (*No. of Units*)_____

Business: (*type*): _____

Other: (*please specify*): _____

8. Accessory Uses on Premises:

Parking: _____ sq. feet No. of Spaces: _____

Other (please describe): _____

9. Ownership:

Owner's Name(s): _____

Owner's Address(es): _____

Tel. No.: _____ Email: _____

Duration of Present Ownership (years): _____

I. APPEAL (Complete this section only if Box No. I on page 1 is checked.)

1. Give Title and Name of Town Official or Board whose ruling is being appealed:

2. Give a brief description of the decision or order of said Official or Board and the reason an appeal is being made.

3. File a copy of such decision or order with this application.

II. VARIANCE(S) (Complete this section only if Box No. II on page 1 is checked.)

1. Give a brief description of the proposed use, activity or action for which variance is requested. For example-specify proposed changes to lot coverage, square footage, structure height, distance(s) from lot line, etc.

2. Exact Regulation(s) in the Zoning Ordinance from which variance(s) is/are requested:
Section No(s). (*Required*): _____

Give a description of the regulation(s) and the variance(s) that is/are requested:

3. Grounds for Variance: The applicant should address the criteria governing the granting of the Variance in Section 14-9.6 of the Zoning Ordinance:

III. SPECIAL USE PERMIT(S) (*Complete this section only if Box No. III on page 1 is checked.*):

1. Give a description of the proposed use, action, or activity for which a Special Use Permit(s) is/are requested:

2. Section of the Zoning Ordinance which authorizes granting of the Special Use Permit:

IV. REQUIRED ACCOMPANYING MATERIAL:

This application will not be deemed to be filed unless and until all plans, documents and payments specified by the Rules and Regulations of the Little Compton Zoning Board of Review are properly filed. Please read said Rules and Regulations prior to completing and submitting an Application.

Please return this application and all accompanying material in clear legible form to the Town of Little Compton, Zoning Board of Review, Town Hall, Little Compton, RI.

Any questions can be directed to the Zoning Board Clerk at 401-635-4400.

Revised 4/5/2023