

East Providence Zoning Board of Review

DIMENSIONAL VARIANCE FORM (Ref. 19-47)

This form must be completed in full prior to
being considered by the Zoning Board of Review.

File # _____
Date of Filing _____
Received By _____
Date of Hearing _____
Action _____
Recorded _____ Bk _____ Pg _____

PHONE NUMBER: _____

1. LOCATION OF PROPERTY _____ AVENUE/STREET
MAP _____ BLOCK _____ PARCEL _____ ZONING DISTRICT _____

2. OWNER _____
ADDRESS _____
DATE OF PURCHASE _____
PROPOSED LESSEE/PURCHASER _____
ADDRESS _____
ATTORNEY _____
ADDRESS _____
REPRESENTING _____

3. DIMENSIONS OF SITE _____
Width _____ Depth _____ Area (Sq. Ft.) _____

LIST OF ALL EXISTING BUILDINGS AND USES:

Use	Building Height	Area (Sq. Ft.) (Building Footprint)	Type of Construction
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

4. LIST OF PROPOSED CONSTRUCTION AND USES:

Use	Height	No. of Stories	Basement Yes/No	Area (Sq. Ft.) (Bldg Footprint)	Multi-Family No. of Bedrooms/Unit	Type of Construction
(1) _____	_____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____	_____

(Over)

5. THIS VARIANCE APPLICATION RELATES TO:

- Principal Building (s) Accessory Building Lot Area

CHECK ONE OR MORE:

- Setback Requirement Number of Dwelling Units
- Lot/Building Coverage Floor Area
- Landscaping Height
- Amount Parking or Loading Signs/Billboards
- Location/Dimensions of Parking or Loading Other: _____
- Extension of Nonconforming Structure

6. VARIANCE SOUGHT: List each applicable section of the Zoning Ordinance for which Variance is sought plus a brief description of the nature of the variance (s):

Section Number	Description Variance
_____	_____
_____	_____
_____	_____
_____	_____

7. DEVIATION FROM REQUIRED STANDARDS

Section Number	Ordinance Requirement	Proposed
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. DESCRIBE THE UNIQUE CHARACTERISTICS OR OTHER PECULIARITIES OF THE PROPERTY WHICH CREATE HARDSHIP.

NOTE: PLANS ACTED UPON BY THE BOARD BECOME INCORPORATED AS PART OF THE DECISION AND ARE FINAL.

I, the undersigned, swear that all information given above to the best of my knowledge is complete and correct.

OWNER(S) SIGNATURE: _____ DATE _____

_____ DATE _____

Agent/Attorney _____ Address _____