



Town of Scituate Zoning Board of Review

195 Danielson Pike
Scituate, RI 02857
(401) 647-5901

ZONING BOARD OF REVIEW APPLICATION

CASE # _____

Application for (check all that apply) Special Use Permit Dimensional Variance
 Use Variance Appeal

The undersigned hereby applies to the Zoning Board of Review for the above designated relief in the application of the provisions and regulations of the Zoning Ordinance affecting the following described premises in the manner and on the grounds hereinafter set forth.

The application form **MUST** be filled out completely and signed by all property owners or their lawful representatives. All petitions must be completed in full and contain all requested information before they will be placed on an agenda.

1. Applicants/Agent: _____ Address: _____

2. Owner(s): _____ Address: _____

3. Location of Premises:
_____ Pole # _____ Plat _____ Lot _____
Street Address

4. Dimensions of Lot(s) _____ Width _____ Depth _____ Area _____ Sq. Ft.

5. Zoning District(s) in which premises are located _____

6. When was property acquired? _____
Day Month Year

7. Present use of Property _____

8. Is there a building on the premises at present? _____ If yes, size(s) _____ sq. ft.

9. Proposed use of property _____

10. Give size of proposed building(s) _____ sq. ft. _____ sq. ft.

11. State proposed alterations _____

12. If dwelling or apartment house, number of families for which building is to be arranged: _____

13. Have you submitted plans for proposed building to the Building Official? _____
Have you been refused a building permit? _____

14. Provision of Zoning Ordinance under which this application for relief is made:

Article _____ Section _____ Subsection _____

15. Dimensional Variance(s) related to: Principal Building(s) Accessory Building(s)

Coverage

Height

Lot Width

Allowed _____sq. ft.

Allowed _____ feet

Allowed _____ feet

Requested _____sq. ft.

Requested _____ feet

Requested _____ feet

Relief sought _____sq. ft.

Relief Sought _____ feet

Relief Sought _____ feet

Frontage

Allowed _____ feet

Requested _____ feet

Relief Sought _____ feet

Setback Requirements

Front

Side

Rear

Allowed _____

Allowed _____

Allowed _____

Requested _____

Requested _____

Requested _____

Relief sought _____

Relief Sought _____

Relief Sought _____

16. Other Variance or Special Use Permit

17. State grounds for the Variance, Special Use Permit or Appeal in this case:

18. Additional information provided with this application has been attached as follows:

IMPORTANT INFORMATION: Applicants must submit all documentary evidence (i.e. expert reports, drawings, surveys, deeds, photographs, etc.) to the Zoning Clerk no later than five (5) days prior to the date of the hearing. This also applies to objectors (abutters) who seek to introduce documentary evidence for the Zoning Board of Review to consider at the hearing. Abutters shall be provided with a copy of this requirement as part of the notification they receive in advance of the hearing.

If the applicant or objector fails to submit documentary evidence in advance of the hearing, the Zoning Board of Review may, in its sole discretion, continue the hearing to a later date to allow for a review and evaluation of the proffered documentary evidence.

The undersigned declares that he/she has received, read and understands the Filing Instructions and that the information given herein is true to the best of his or her knowledge and belief.

Applicant _____

Telephone # _____

Owner _____

Telephone # _____

Owner _____

Telephone # _____

Attorney/other _____

Telephone # _____