

**Town of Cumberland, Rhode Island
Zoning Board of Review
Town Hall – 45 Broad Street
Cumberland, RI 02864
Telephone (401) 728-2400 Fax (401) 725-6878**

Petition for a **Dimensional Variance**
Under the Zoning Ordinance

To the Honorable Zoning Board of Review:

The undersigned hereby petitions the Honorable Zoning Board of Review for Relief in the Granting of Variance from the administration and enforcement of the Zoning Ordinance.

Please Type or Print legibly all information requested on this form. In addition, the petitioner is required to submit all information and documentation enumerated hereinafter. Consult the Cumberland Zoning Ordinance with reference to citations, sections and procedures involved in this appeal. All documents shall be submitted to the Clerk of the Zoning Board, Town of Cumberland, Town Hall, 45 Broad Street, Cumberland, Rhode Island 02864 by 1:00pm on the Friday after the second Wednesday of the month. Upon receipt of a complete application and appropriate information, the Clerk shall issue a Notice of Completion of Application. Until such notice is issued an application shall be deemed to be incomplete.

I hereby submit the following information in support of this Petition:

Petitioner's Name: _____

Petitioner's Signature: _____

Petitioner's Address: _____

Telephone Number: Home _____ Work _____ Other _____

Zoning Clerk Stamp / Initials

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1) PREMISES INVOLVED IN THE PETITION:

a. Location: Street No: _____ Street Name: _____

b. Assessor's Plat No(s): _____ Assessor's Lot No(s): _____

c. General Lot Dimensions:

- i. Area: _____ square feet
- ii. Frontage: _____ feet
- iii. Average depth: _____ feet

d. Zoning District of the Premises: _____ (Consult zoning maps)

e. Sewer: yes ____ no _____ Water: yes ____ no _____

f. Existing Structures of the Premises:

- i. Ground Floor Area: _____ square feet
- ii. Total Floor Area: _____ square feet
- iii. Number of Floors: _____
- iv. Structure Height: _____ In. Feet

g. Current Use of Structure(s) and Site:

- i. Residence [] No. of Units _____
- ii. Commercial [], Type _____
- iii. Industrial [], Type _____
- iv. Other [], Specify _____

h. Accessory Uses on Premises:

- i. Parking _____ square feet Spaces _____
- ii. Loading _____ square feet Bays _____
- iii. Other [] Describe: _____

i. Ownership: Name of Owner _____
Address of Owner _____
Name of Lessee _____
Address of Lessee _____
Duration of Present Ownership _____ years

2) REQUEST FOR VARIANCE – **DIMENSIONAL**

a. Proposed use, action or activity for which variance from the terms of the Cumberland Zoning Ordinance is being requested _____

b. Regulation or standard in the Zoning Ordinance under which a **variance** is authorized is being requested: Article No. _____, Section No. _____.
Brief description of the regulation of standards and the special use category that is being requested:

c. Grounds for **Variance**. The applicant is required to relate the request to the criteria governing the granting of a variance as set forth in **Article 9-8 Variance** of the Zoning Ordinance:

3) REQUIRED ACCOMPANYING MATERIALS

- a. **Twenty-five (25)** scale drawings of the **ABUTTERS** with a **minimum size of 8 ½” x 11”** and a **maximum of 14” x 17”**. A suitable scale map showing all lot lines, street lines and zoning district boundary lines within 200 feet of the subject premises with appropriate dimensions, scale and north arrow noted. It is **recommended** that a registered land surveyor or engineer prepare plans.

 - b. **Twenty-five (25)** lists containing **names, mailing addresses and plat and lot numbers** of all **ABUTTERS** owners of real estate lying wholly or partly within 200 feet of the subject premises. **Labels from Avery #5160 is supplied.**

 - c. **Twenty-five (25)** copies of this form and any materials submitted.

 - d. A **check** for the filing fee of \$225.00, payable to **Town Treasurer, Town of Cumberland.**
- 4) If the Applicant is **not** the owner, the following **must** be completed by the owner of the premises:
- a. I hereby authorize the filing of the Application:

Signature of the Owner

Notary Public

Date

My commission expires

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**PLEASE NOTE THAT UNTIL ALL ACCOMPANYING MATERIALS ARE RECEIVED
THE APPLICATION SHALL NOT BE DEEMED TO BE COMPLETE.**