Town of North Smithfield
Office of the Building and Zoning Official

NORTH SMITHFIELD ZONING BOARD OF REVIEW
APPLICATION FOR HEARING (REVISED 5/2/19)

APPLICATION FOR VARIANCE AND/OR SPECIAL USE PERMIT INSTRUCTIONS

****Application MUST be typed or be legible ****

1. Applications must be signed by the Applicant/Agent and the Owner. An applicant must be a person with a financial interest in the property, not the architect, engineer, draftsperson, contractor, or attorney. Examples include a current or potential tenant or purchaser.

2. All applicants for a variance must also complete Appendix A to the application.

3. All applicants for a special use permit must also complete Appendix B to the application.

4. APPLICATIONS MUST BE COMPLETE AND ACCURATE. BEFORE YOU MAKE THE REQUIRED COPIES, SUBMIT YOUR ORIGINAL APPLICATION AND ATTACHMENTS (SEE BELOW) TO THE OFFICE OF THE ZONING OFFICIAL FOR REVIEW.

Note that the Board and staff accept no responsibility for correcting or completing any application. Nor is the staff permitted to provide specific advice or recommendations regarding any particular application. However, staff may be able point out deficiencies before the finalized application is submitted, and to assist in explaining the application process, requirements, and general content requirements.
5. If your proposal requires review by another board or commission, you must obtain the board or commission’s review before submitting an application for a zoning variance or special use permit. A letter from the board or commission shall be submitted to the Zoning Board as evidence of appearance before such board or commission.

6. **Legal counsel and professional representatives.** There is no requirement that applicants be represented by legal counsel either during the application process or when appearing before the Board. While the Zoning Board does not recommend either for or against the hiring of legal counsel, the Board does caution all applicants that zoning law can be complex. Applicants may choose to have an architect, draftsperson, traffic engineer, zoning, or real estate professional testify at the hearing before the Board. However, the applicant or authorized representative (see authorization form) must still appear at the hearing and offer the presentation/testimony of the witness. If the applicant or authorized representative is not present and has not contacted the Zoning Official beforehand the board may deny the application without prejudice and the application will have to be resubmitted and all fees shall be paid by the applicant.

Zoning Board members and staff are not permitted to make referrals or recommendations regarding legal or other professionals.

7. Zoning Board approval of an application does not automatically indicate that you will receive a building permit. To shorten the length of the process, it is strongly recommended that you initiate the building permit review process
Town of North Smithfield
Office of the Building and Zoning Official

by submitting your construction plans to the DIS when you submit your application for a variance or special use permit.

Your plans should detail exactly what you intend to do.
Town of North Smithfield
Office of the Building and Zoning Official

CHECKLIST OF SUPPORTING DOCUMENTATION REQUIRED FOR APPLICATION

The following documents must be provided WITH your application. An application will not be considered complete or vested until all documents and the filing fee are submitted.

*any plans submitted plans shall have one original stamped and signed by the Rhode Island licensed professional.(if applicable)

___ Ten copies of the current recorded deed for the property or properties where the proposed changes would take place from the Town Clerk’s Office

___ Ten (10) complete sets of plans (scaled architectural drawings of the proposed building(s) or alteration(s); site plans; parking plans, landscaping plans, etc.). For height variances include plans to meet increased setback requirements for the appropriate zoning district.

___ For all proposals that will provide more than four (4) parking spaces, ten (10) sets of on-site parking plans showing parking spaces, proposed landscaping and curb cut(s).

___ For all proposals for signs/signage: ten (10) colored and scaled representations of the proposed signage, including a drawing representing scaled size in relationship to the appurtenant structure(s).

___ Ten (10) 200’ radius plans drawn to a scale of 1”= 50’ from all corners of the lot or lots in question.
Town of North Smithfield
Office of the Building and Zoning Official

Show all lot numbers, owners' names, street numbers and buildings (if any) on each lot within the radius, present use (example: parking lot, vacant lot, gas station, number of families, etc.) zone boundaries (including overlay districts), tax assessor's plat boundaries and indicate new construction and additions. If the 200' radius line intersects or is close to any lot(s) such lot(s) must be included fully within the radius.

___ Two (2) copies of a list containing the following information, consistent with the latest data available in the office of the North Smithfield Tax Assessor:

a. Each plat and lot number that appears within the 200 foot radius plan

b. The corresponding names and MAILING addresses, including zip codes, of all property owners of each plat and lot number listed

___ Three (3) sets of mailing labels with names and full mailing addresses of each property owner within the 200 foot radius

___ Four (4) photographs of the Property taken from different angles, taken within seven (7) calendar days of the filing of the complete application. If there are any changes to the Property between the filing of the application and the date of the hearing, the applicant must submit at the hearing photographs reflecting any such changes. All plans must be signed by the author and must contain the author's full name, address and telephone number.
APPLICATION FEES (REVISED 9/18)

The application fee consists of advertising, notification and processing fees, and is provided for in Appendix A of the Zoning Ordinance.

A. Any Residential Use Application

1) One and two family dwellings
   a) Special Use Permit/Dimensional Variance/ Use Variance $450
      *Combination of two of the above $550

2) Three family and above
   a) Special Use Permit/Dimensional Variance/ Use Variance $500
      *Combination of two of the above $650

B. Commercial Applications

   a) Special Use Permit/Dimensional Variance/ Use Variance $600
      *Combination of two of the above $700

C. Appeal the decision of the Zoning Official, Historic Commission, Planning Board or their Administrative Officer: $450

D. Advertising Fee for each application: $125.00

E. Abutter's Notification $ .50 per abutter

MAKE CHECK PAYABLE TO: TOWN OF NORTH SMITHFIELD
Town of North Smithfield
Office of the Building and Zoning Official

TOWN OF NORTH SMITHFIELD
ZONING BOARD OF REVIEW
APPLICATION FOR VARIANCE OR SPECIAL USE PERMIT

Check Each Type Zoning Relief Sought:  ___ Variance  ___ Use *
___ Variance – Dimensional*
___ Special Use Permit **
* Attach Appendix A to apply for a Use or Dimensional Variances
** Attach Appendix B to apply for a Special Use Permit

Applicant: ____________________________________________
Address ____________________________________________
Zip Code __________ Phone ___________ Home/Office/ Mobile
E-mail ________________________________________________________________________________

Owner: ____________________________________________
Address ____________________________________________
Zip Code __________ Phone ___________ Home/Office/ Mobile
E-mail ________________________________________________________________________________
Town of North Smithfield
Office of the Building and Zoning Official

Lessee: ____________________________________________________________

Address _______________________________________________________________________

Zip Code __________ Phone: ____________________ Home/Office Mobile

E-mail __________________________________________________________________________

Does the proposal require review by any of the following (check each):
___ Planning Board
___ Historic District Commission
___ Other

1. Location of Property: ________________________________________________________

Street Address

2. Zoning District(s): ____________________________________________________________

Special purpose or overlay district(s): _____________________________________________

3a. Date owner purchased the Property:
________________________________________________________

3b. Month/year of lessee's occupancy: ____________________________________________

3. Dimensions of each lot:

Lot # ____ Frontage _____ depth _____ Total area _____ sq. ft.

Lot # ____ Frontage _____ depth _____ Total area _____ sq. ft.
Town of North Smithfield
Office of the Building and Zoning Official

Lot # _____ Frontage ______ depth ______ Total area ______ sq. ft.

4. Size of each structure located on the Property:
   Principal Structure: Total gross square footage ________________
   Footprint _______ Height ____ Floors _______
   Accessory Structure: Total gross square footage ________________
   Footprint _______ Height ____ Floors _______

5. Size of proposed structure(s): Total gross square footage:
   ________________
   Footprint _______ Height ____ Floors _______

6a. Existing Lot coverage: (include all buildings, decks, etc.)
   __________________

6b. Proposed Lot coverage: (include new construction)
   __________________

7a. Present Use of Property (each lot/structure):
   __________________

7b. Legal Use of Property (each lot/structure) as recorded in the Office of the Building and Zoning Official
   __________________
Town of North Smithfield
Office of the Building and Zoning Official

8. Proposed Use of Property (each lot/structure):


9. Number of Current Parking Spaces:


10. Describe the proposed construction or alterations (each lot/structure):


11. Are there outstanding violations concerning the Property under any of the following:

___ Zoning Ordinance

___ RI State Building Code

___ North Smithfield Town Ordinance
12. List all Sections of the Zoning Ordinance from which relief is sought and description of each section:


13. Explain the changes proposed for the Property.


The undersigned acknowledge(s) and agree(s) that members of the Zoning Board of Review and its staff may enter upon the exterior of the Property in order to view the Property prior to any hearing on the application. The undersigned further acknowledge(s) that the statements herein and in any attachments or appendices are true and accurate, and that providing a false statement in this application may be subject to criminal and/or civil penalties as provided by law, including prosecution under the State and Municipal False Claims Acts. Owner(s)/Applicant(s) are jointly responsible with their attorneys for any false statements.

Owner(s):  

Applicant(s):

________________________  __________________________
Print Name  Print Name

________________________  __________________________
Signature  Signature

All requirements listed and described in the Instruction Sheet must be met or this application will not be considered complete or vested
APPENDIX A

APPLICATION FOR VARIANCE(S)

Rhode Island General Laws § 45-24-41(c) requires that the Applicant for a variance demonstrate:

(1) That the hardship from which the applicant seeks relief is due to the unique characteristics of the subject land or structure and not to the general characteristics of the surrounding area; and is not due to a physical or economic disability of the applicant, excepting those physical disabilities addressed in § 45-24-30(16);

(2) That the hardship is not the result of any prior action of the applicant and does not result primarily from the desire of the applicant to realize greater financial gain;

(3) That the granting of the requested variance will not alter the general character of the surrounding area or impair the intent or purpose of the zoning ordinance or the comprehensive plan upon which the ordinance is based;

(4) That the relief to be granted is the least relief necessary; and

(5)

(a) For a use variance: That the land or structure cannot yield any beneficial use if it is required to conform to the provisions of the zoning ordinance;
(b) For a dimensional variance, that the hardship suffered by the owner of the subject property if the dimensional variance is not granted amounts to more than a mere inconvenience.

Please provide the following information:

1. What is the specific hardship from which the applicant seeks relief?

2. Specify any and all unique characteristics of the land or structure that cause the hardship?

3. (a) Is the hardship caused by an economic disability? Yes ___ No ___

   (b) Is the hardship caused by a physical disability? Yes ___ No ___

   (c) If the response to subsection (b) is “yes,” is the physical disability covered by the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.? Yes ___ No ___
Town of North Smithfield
Office of the Building and Zoning Official

4. Did the owner/applicant take any prior action with respect to the Property that resulted in the need for the variance requested? (Examples include, but are not limited to, any changes the owner/applicant made to the structure(s), lot lines, or land, or changes in use of the Property)? Yes ____ No ____ If "yes," describe any and all such prior action(s), and state the month/year taken.

5. State any and all facts to support your position that the applicant is not seeking the variance(s) primarily in order to obtain greater financial gain.

6. State any and all facts that support your position that you are seeking the least relief necessary to lessen or eliminate the hardship (for example, why there are no viable alternatives to your proposed plan).
Town of North Smithfield
Office of the Building and Zoning Official

7. If you are seeking a USE VARIANCE, set forth all facts that demonstrate that the Property cannot have any beneficial use if you are required to use it in a manner allowed in the zoning district.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. If you are seeking a DIMENSIONAL VARIANCE, set forth all facts that indicate that if the variance is not granted, the hardship the owner/applicant will suffer is more than a mere inconvenience.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX B

APPLICATION(S) FOR SPECIAL USE PERMIT

1. Identify the section(s) of the Ordinance that provides for the special use permit.

2. State all facts that demonstrate that the proposed special use will not substantially injure the use and enjoyment of neighboring property.

3. State all facts that demonstrate that the proposed special use will not significantly devalue neighboring property.
Town of North Smithfield
Office of the Building and Zoning Official

4. State all facts that demonstrate that the proposed special use will not be detrimental or injurious to the health or welfare of the community.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Town of North Smithfield
Office of the Building and Zoning Official

AUTHORIZATION FOR REPRESENTATION

I/We __________________________________________ of (company)

________________________ authorize ________________________________ to
represent me/us in the matter before the North Smithfield Zoning Board of
Review

regarding(address)__________________________ Plat_______ Lot_______.

Owner (Print) __________________________ (Sign)________________________

Date________________________

Owner (Print) __________________________ (Sign)________________________

Date________________________

Notary Public (Sign):____________________________

My term expires:____________________________

Date________________________