

Town of Bristol, Rhode Island

Department of Community Development Zoning Board of Review



APPLICATION

File No: _____

Accepted by ZEO: _____

APPLICANT	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Telephone #: _____	Home: _____	Work/Cell: _____
PROPERTY OWNER	Name: _____		
	Address: _____		
	City: _____	State: _____	ZIP: _____
	Telephone #: _____	Home: _____	Work/Cell: _____

1. Location of subject property: _____
 Assessor's Plat(s)#: _____ Lot(s) #: _____
2. Zoning district in which property is located: _____
3. Zoning Approval(s) required (check all that apply):
 _____ Dimensional Variance(s) _____ Special Use Permit _____ Use Variance
4. Which particular provisions of the Zoning Ordinance is applicable to this application?:
 Dimensional Variance Section(s): _____
 Special Use Permit Section(s): _____
 Use Variance Section(s): _____
5. In a separate written statement, please describe the grounds for the requested variance or special use permit and how the proposal will meet the standards found in Section 28-409 of the Zoning Ordinance.
6. How long have you owned the property?: _____
7. Present use of property: _____
8. Is there a building on the property at present?: _____
9. Dimensions of existing building (size in feet, area in square feet, height of exterior in feet): _____

10. Proposed use of property: _____

11. Give extent of proposed alterations: _____

12. Dimensions of proposed building/addition (size in feet, area in square feet, height of exterior in feet): _____

13. If dimensional relief is being sought, please state the required and proposed dimensions and setback distances between the proposed building/addition and each lot line:

Front lot line(s):	Required Setback: _____	Proposed Setback: _____
Left side lot line:	Required Setback: _____	Proposed Setback: _____
Right side lot line:	Required Setback: _____	Proposed Setback: _____
Rear lot line:	Required Setback: _____	Proposed Setback: _____
Building height:	Required: _____	Proposed: _____
Other dimensions (building size, lot coverage, lot area, parking, sign dimensions, etc.):		
Required: _____	Proposed: _____	

13. Number of families before/after proposed alterations: _____ Before _____ After

14. Have you submitted plans for the above alterations to the Building Official? _____
If yes, has he refused a permit? _____ If refused, on what grounds? _____

15. Are there any easements on your property?: _____ (If yes, their location must be shown on site plan)

16. Which public utilities service the property?: Water: _____ Sewer: _____

17. Is the property located in the Bristol Historic District or is it an individually listed property?: _____

18. Is the property located in a flood zone? _____ If yes, which one?: _____

I, the undersigned, attest that all the information provided on this application is true and accurate to the best of my knowledge:

Applicant's Signature: _____ *Date:* _____

Print Name: _____

Property Owner's Signature: _____ *Date:* _____

Print Name: _____

Name of attorney or agent (engineer, architect, etc.), if any, who is authorized to represent the applicant:

Name: _____ Telephone #: _____

Address: _____

