TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
   Applicant Name: James Gallagher
   Name of Primary Contact if Organization: 
   Applicant Address: 163 Jumpus Rd
   Applicant Phone: 609 306 6974
   Applicant Email: jgallagher@chocpara.com

2. OWNER INFORMATION:
   Owner Name: James Gallagher
   Owner Phone: 609 306 6974
   Owner Address: 163 Jumpus Rd

3. PROJECT INFORMATION:
   Physical Address: 163 Jumpus Rd
   Assessor’s Plat: 03-2
   Assessor’s Lot: 240
   Zoning District: 
   Required Zoning Setbacks: Front Yard 30’ Rear Yard 25’ Side Yard Right 10’ Side Yard Left 10’ Corner Side Yard —

4. APPLICATION FOR:
   Special Use Permit _____ Dimensional Variance _____ Use Variance _____ Dimensional Modification by Zoning Officer____

5. LOT SPECIFICATIONS:
   Lot Frontage: 50’ ft.
   Lot Depth: 108’ ft.
   Lot Area: 4781’ ft.

6. USE OF PREMISES:
   Present Use: Home
   # of families: 1
   Proposed Use: Home
   # of families: 1

7. EXISTING STRUCTURES:
   Number of Existing Buildings or Structures Present: 2
   Size of Existing Structures: 600 sf; 164 sf; 164 sf; 164 sf
   Distance from Property Lines of Existing Structures:

8. WATER AND SOLID WASTE
   Water: Town Water
   Well
   Other
   Waste: Town Sewer
   Septic
   Other

Received
MAY 11 2022
By
9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:
   Height Above Grade: ________ ft.  Number of Stories: ________

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:
    Front Yard: ________  Rear: 5 ft  Side Yard Right: ________
    Side Yard Left: 7.25  Corner Side Yard: ________  Height: ________

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:
    Section and Use (if known): _______________________________________

12. DESCRIBE THE EXTENT OF PROPOSED ALTERATIONS, STATE REASONS WHY YOU ARE REQUESTING RELIEF:

   The existing deck is 11.74 x 16. The deck is old and has bowed. It needs to be replaced.
   The new deck we are proposing is 16 x 25.
   This would give us more space to enjoy, put a table out for eating, because our current kitchen is very small.
   Our family loves to sit outside, to eat, read and listen.

ZONING BOARD OF REVIEW RULES OF PROCEDURE ITEM K: “Reports from expert witnesses should be submitted with the application or ten (10) days prior to the hearing to give the Zoning Board sufficient review time. If a report is submitted at the time of the hearing, the Chairman may rule on whether the Zoning Board will continue to another meeting to give the Zoning Board time to review the reports.”

Preparation of this Application and all necessary documentation is the sole responsibility of the Applicant. Town Staff’s help in preparations of any facet of this application, including abutter’s list is for assistance only. The staff cannot give the applicant advice on the merits of the application nor can they render legal opinions.

The undersigned declares that the information given herein is a true statement to the best of his/her knowledge and belief.

Applicant Signature(s) [Signature]
Applicant(s) Printed Name [James Gallagher] Date: 5/11/22

Attorney / Other (If applicable) Date:

Office Use Only

Received By: ________ Payment Amt. ________ Check # ________ Legal Notice Mailed: ________ Cert. Receipts Received ________
OWNER/AUTHORIZED AGENT AUTHORIZATION FORM

The Owner/Authorized Agent Authorization Form must be completed in full and returned to the Office of the Building and Zoning Official for the Town of South Kingstown along with the Zoning Board of Review Application. Failure to submit this form will delay your application being processed.

I, James Gallagher, hereby certify that I am the owner/authorized agent of the property designated as Plat 83-2, Lot 240, as shown on the Town of South Kingstown Tax Assessor Maps. I further certify that I am the owner/authorized agent of the developmental rights for this property.

I hereby authorize and am in agreement with the application signed by James Gallagher (applicant), for the requested relief or use of the subject property. Said application is to be submitted to the Office of the Building and Zoning Official of the Town of South Kingstown for review and decision by the Zoning Board of Review.

Witness its name this 11 day of May 2022

By: ____________________________
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of Washington

In South Kingstown on the 11 day of May 2022, before me personally appeared James Gallagher (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said Instrument, by him/her executed to be his/her free act and deed, as ____________________________ (individual, corporation, trustee, partnership, non-profit, etc.)

Notary Public: ____________________________
My Commission Expires: 6-6-2024

Notary Seal:

Town of South Kingstown Zoning Board of Review
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