TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
   Applicant Name: Alycia Collins
   Applicant Address: 320 Post Road, Wakefield, RI, 02879
   Applicant Phone: (401) 787-0853
   Applicant Email: alycia.collins.927@gmail.com

2. OWNER INFORMATION:
   Owner Name: Alycia Collins
   Owner Address: 320 Post Road, Wakefield, RI, 02879
   Owner Phone: (401) 787-0853

3. PROJECT INFORMATION:
   Physical Address: 488 Cains Corner Road
   Assessor's Plat: 47.2
   Assessor's Lot: 31
   Zoning District: R20
   Required Zoning Setbacks:
   Front Yard: 35 ft.
   Rear Yard: 35 ft.
   Side Yard Right: 15 ft.
   Side Yard Left: 15 ft.
   Corner Side Yard: ___

4. APPLICATION FOR:
   Special Use Permit  X  Dimensional Variance  ___  Use Variance  ___  Dimensional Modification by Zoning Officer ___

5. LOT SPECIFICATIONS:
   Lot Frontage: 140 ft.
   Lot Depth: 200 ft.
   Lot Area: 28,029 ft.

6. USE OF PREMISES:
   Present Use: 0 # of families: 1
   Proposed Use: 10 # of families: 1

7. EXISTING STRUCTURES:
   Number of Existing Buildings or Structures Present: 3
   Size of Existing Structures: 820 sf; 800 sf; 240 sf; ___ sf
   Distance from Property Lines of Existing Structures:
   Front Yard: 35 ft; 90 ft; 175 ft; ___ ft.
   Rear Yard: 143 ft; 65 ft; 5 ft; __ ft.
   Side Yard Right: 21 ft; 7 ft; 10 ft; __ ft.
   Side Yard Left: 96 ft; 60 ft; 74 ft; __ ft.
   Corner Side Yard: ___ ft; ___ ft; ___ ft; __ ft.

8. WATER AND SOLID WASTE
   Water: Town Water  X  Well  ___  Other  ___
   Waste: Town Sewer  ___  Septic  X  Other  ___
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: ________ Side Yard Right: ________

Side Yard Left: ________ Corner Side Yard: ________ Height: ________

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:

Section and Use (if known): 503.2 (E)

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

Update the existing garage/barn into a 1950 sq. ft. accessory apartment using only the existing space. Additional relief is requested since the existing 50 sq. ft. of the garage/barn and proposed apartment will exceed the 1950 sq. ft. max as allowed in the Zoning Code Section 503.2 (E)

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 applications, 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) ___________________ 

Applicant(s) Printed Name, ALICIA C. FOLINS Date: 8/10/22 

Attorney / Other (If applicable) ___________________

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.

Alicia Collins hereby certify that I am the owner/authorized agent of the property designated as Plat 47-2, Lot 3, 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 ____________________________________________ (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 _______ day of __________, ________.

By: __________________________________________________________________________________________

Signature of Owner/AUTHORIZED Agent

STATE OF RHODE ISLAND
County of Washington

In __________ on the 18th day of August, 2022, before me personally appeared Alicia Collins (name) to me known and known by me to be the party executing the foregoing instrument and acknowledged said instrument, by him/her executed to be his/her free act and deed, as ___individual___ (individual, corporation, trustee, partnership, non-profit, etc.)

Notary Public: Khristal Hall
My Commission Expires: 12/31/2025

Town of South Kingstown Zoning Board of Review
FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

FIRST FLOOR: 800 SQ. FT.
SECOND FLOOR: 550 SQ. FT.
TOTAL SQ. FT.: 1350 SQ. FT.
1. NORTH WEST ELEVATION
SCALE: 1/4" = 1'-0"

2. SOUTH WEST ELEVATION
SCALE: 1/4" = 1'-0"

3. SOUTH WEST ELEVATION
SCALE: 1/4" = 1'-0"

4. NORTH EAST ELEVATION
SCALE: 1/4" = 1'-0"