TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
   Applicant Name: Susan Barcomb
   Name of Primary Contact if Organization: 
   Applicant Address: 20 Marjane Ct, South Kingston, RI 02879
   Applicant Phone: 413-519-2147
   Applicant Email: susan.barcomb@gmail.com

2. OWNER INFORMATION:
   Owner Name: Susan Barcomb
   Owner Phone: 
   Owner Address: 20 Marjane Ct, South Kingston, RI 02879

3. PROJECT INFORMATION:
   Physical Address: 20 Marjane Ct
   Assessor's Plat: 56-4
   Assessor's Lot: 50
   Zoning District: RLD
   Required Zoning Setbacks:
   Front Yard: 35'  Rear Yard: 35'  Side Yard Right: 15'  Side Yard Left: 15'  Corner Side Yard:

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

5. LOT SPECIFICATIONS:
   Lot Frontage: 147.04 ft.  Lot Depth: 96.23 ft.  Lot Area: 14,033 sq. ft.

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

7. EXISTING STRUCTURES:
   Number of Existing Buildings or Structures Present: 1
   Size of Existing Structures: 2254 sf; 886 sf; 520 sf; 181 sf
   Distance from Property Lines of Existing Structures:

<table>
<thead>
<tr>
<th>Structure 1</th>
<th>Structure 2</th>
<th>Structure 3</th>
<th>Structure 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Yard:</td>
<td>37 ft;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rear Yard:</td>
<td>35 ft;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side Yard Right:</td>
<td>60 ft;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side Yard Left:</td>
<td>55 ft;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corner Side Yard:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. WATER AND SOLID WASTE
   Water: Town Water
   Well: X
   Other: 
   Waste: Town Sewer
   Septic: X
   Other: 
9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:

Total Square Feet: \underline{1,1\underline{1}} sf.  
Width: \underline{18} ft.  
Length: \underline{18} ft.

Height Above Grade: \underline{1} ft.  
Number of Stories: \underline{1}

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:

Front Yard: \underline{10} ft.  
Rear: \underline{14} ft.  
Side Yard Right: \underline{14} ft.

Side Yard Left: \underline{10} ft.  
Corner Side Yard: \underline{10} ft.  
Height: \underline{14} ft.

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:

Construct a 14' x 40' PT deck attached to rear of house. Deck to exceed approximately 14' beyond building set back line in rear.

See addendum A: Designer's certificate of construction for 1505 for actual location of septic tank.

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 preparation 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)  

Applicant(s) Printed Name  

Date:  

Attorney / Other (if applicable)  

Date:

Office Use Only

Received By:  

Payment Amt.:  

Check #:  

Legal Notice Mailed:  

Cert. Receipts Received:  

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: ______ Side Yard Right: ______

Rear: 14' Side Yard Left: ______

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:

14' x 40' PT deck attached to rear of house. Approximate.

Deck to exceed 14' beyond building set back line in rear.

See Addendum A: Designer’s Certificate of Construction for ISSS for actual location of septic tank.

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) ________________ Date: ________________

Applicant(s) Printed Name ____________________________ Date: ________________

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, Susan Barcomb hereby certify that I am the owner/authorized agent of the property designated as Plat 4-8, Lot 50, 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 Susan Barcomb (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 27th day of September, 2022.

By: Susan Barcomb
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND
County of Providence

In Cniwijc on the 27th day of September, 2022, before me personally appeared Susan Barcomb (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 (individual, corporation, trust, partnership, non-profit, etc.)

PEDRO CRUZ
Notary Public - Rhode Island
Notary ID 763275
My Commission Expires Oct 31, 2027

Notary Seal:

Town of South Kingstown Zoning Board of Review
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES
PERMITTING SECTION
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS PROGRAM

DESIGNER'S CERTIFICATE OF CONSTRUCTION FOR ISDS

Permit No. 1132-1972

[Signature]

(Owner)

[Signature]

(Supervisor)

I hereby certify that the installation of the ISDS was performed by the installer named below, and to the best of my information, knowledge and belief, was executed and completed in accordance with RIDEM/DEP Rules and Regulations, and that, in my professional opinion, the installation of the ISDS conforms with the plans, specifications, applicable statutes, regulations, and construction standards as approved by the Director of the Rhode Island Department of Environmental Management. I further certify that I have documented the installation in accordance with RIDEM/DEP Rules and Regulations. This certification is effective as of [date].

[Signature]

[Date]

The septic tank, D-Box (if any) and leach field are located as set forth below:

[Diagram]

[Signature]

[License No.]

[Date]

DESIGNER: PLEASE RETAIN GREEN COPY FOR YOUR RECORDS
<table>
<thead>
<tr>
<th>MAP</th>
<th>BLOCK</th>
<th>LOCATION</th>
<th>SLH_OWN_NAME</th>
<th>SLH_CO_OWN_NAME</th>
<th>SLH_OWN_ADDR</th>
<th>CSZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>86-4</td>
<td>4</td>
<td>101 MATUNUCK SCHOOL HOUSE RD</td>
<td>BROWNING WILLIAM D &amp;</td>
<td>MULHOLLAND ROBERTA J</td>
<td>101 MATUNUCK SCHOOL HOUSE RD</td>
<td>WAKEFIELD, RI 02879</td>
</tr>
<tr>
<td>86-1</td>
<td>3</td>
<td>180 MATUNUCK SCHOOL HOUSE RD</td>
<td>ELLSWORTH, KAREN R</td>
<td>null</td>
<td>180 MATUNUCK SCHOOL HOUSE RD</td>
<td>WAKEFIELD, RI 02879</td>
</tr>
<tr>
<td>86-4</td>
<td>15</td>
<td>188 MATUNUCK SCHOOL HOUSE RD</td>
<td>GOLDBERG, MARC D &amp; ARMS</td>
<td>JANET L</td>
<td>188 MATUNUCK SCHOOL HOUSE RD</td>
<td>ARDSLEY, NY 10502</td>
</tr>
<tr>
<td>86-4</td>
<td>47</td>
<td>190 MATUNUCK SCHOOL HOUSE RD</td>
<td>DELUCA JAMES H JR &amp;</td>
<td>MARNIE L</td>
<td>190 MATUNUCK SCHOOL HOUSE RD</td>
<td>WAKEFIELD, RI 02879</td>
</tr>
<tr>
<td>86-1</td>
<td>14</td>
<td>200 MATUNUCK SCHOOL HOUSE RD</td>
<td>BIRD, WILLIAM E &amp; CYNTHIA A</td>
<td>null</td>
<td>200 MATUNUCK SCHOOL HOUSE RD</td>
<td>WAKEFIELD, RI 02879-6560</td>
</tr>
<tr>
<td>86-1</td>
<td>2</td>
<td>210 MATUNUCK SCHOOL HOUSE RD</td>
<td>JACKSON, SELENA R &amp; KEVIN J</td>
<td>null</td>
<td>210 MATUNUCK SCHOOL HOUSE RD</td>
<td>WAKEFIELD, RI 02879</td>
</tr>
<tr>
<td>86-4</td>
<td>52</td>
<td>210 MATUNUCK SCHOOL HOUSE RD</td>
<td>WEBB, SANDRA</td>
<td>null</td>
<td>210 MATUNUCK SCHOOL HOUSE RD</td>
<td>SOUTH KINGSTON, RI 02879</td>
</tr>
<tr>
<td>86-4</td>
<td>14</td>
<td>11 MARYANNE COURT</td>
<td>WEBB, THOMAS M</td>
<td>null</td>
<td>11 MARYANNE CT</td>
<td>NORTH KINGSTOWN, RI 02879-5343</td>
</tr>
<tr>
<td>86-4</td>
<td>13</td>
<td>11 MARYANNE COURT</td>
<td>DECOLIBUS, PAULA J &amp;</td>
<td>STEPHEN M</td>
<td>11 MARYANNE CT</td>
<td>NORTH KINGSTOWN, RI 02879-5343</td>
</tr>
<tr>
<td>86-4</td>
<td>48</td>
<td>27 MARYANNE COURT</td>
<td>MC DONOUGH, THOMAS G</td>
<td>null</td>
<td>27 MARYANNE COURT</td>
<td>NORTH KINGSTOWN, RI 02879-5343</td>
</tr>
<tr>
<td>86-4</td>
<td>49</td>
<td>27 MARYANNE COURT</td>
<td>STEDMAN, ROBERT &amp; UX</td>
<td>MARY A</td>
<td>27 MARYANNE COURT</td>
<td>NORTH KINGSTOWN, RI 02879-5343</td>
</tr>
<tr>
<td>92-1</td>
<td>26</td>
<td>CARDS POND ROAD</td>
<td>DUVAL, SUSAN &amp; TRUSTEE ETAL</td>
<td>C/O RYAN LLC</td>
<td>PO BOX 460325 DEPT 909</td>
<td>HOUSTON, TX 77056</td>
</tr>
<tr>
<td>86-1</td>
<td>1</td>
<td>238 MATUNUCK SCHOOL HOUSE RD</td>
<td>RYAN, MICHAEL S &amp; HEYMAN</td>
<td>REGINA C</td>
<td>230-0 21ST STREET #50</td>
<td>ASTORIA, NY 11105</td>
</tr>
</tbody>
</table>