TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
   Applicant Name: David A Favre
   Name of Primary Contact if Organization:
   Applicant Address: 28 Cherry Rd.
   Applicant Phone: 508-444-3882
   Applicant Email: DavidAFavre55@gmail.com

2. OWNER INFORMATION:
   Owner Name: Same
   Owner Phone:
   Owner Address:

3. PROJECT INFORMATION:
   Physical Address: 28 Cherry Rd.
   Assessor's Plat: 31-2
   Assessor's Lot: 30
   Zoning District: R-20

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

5. LOT SPECIFICATIONS:
   Lot Frontage: 100.8 ft.
   Lot Depth: 149.169 ft.
   Lot Area: 15,629 sq. ft.

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

7. EXISTING STRUCTURES:
   Number of Existing Buildings or Structures Present: __________
   Size of Existing Structures: 1,065 sf; __________ sf; __________ sf; __________ sf
   Distance from Property Lines of Existing Structures:
   Front Yard: 45.3 ft; __________ ft; __________ ft; __________ ft
   Rear Yard: __________ ft; __________ ft; __________ ft
   Side Yard Right: __________ ft; __________ ft; __________ ft
   Side Yard Left: __________ ft; __________ ft; __________ ft
   Corner Side Yard: __________ ft; __________ ft; __________ ft

8. WATER AND SOLID WASTE
   Water: Town Water __________
   Well __________
   Other __________
   Waste: Town Sewer __________
   Septic __________
   Other __________
9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:
Total Square Feet: 483 ft.
Width: 31 ft.
Length: 25 ft.
Height Above Grade: 11' 4" ft.
Number of Stories: 1

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:
Front Yard: 25 ft.
Rear: ______ ft.
Side Yard Right: ______ ft.
Side Yard Left: 8 ft.
Corner Side Yard: ______ ft.
Height: ______ ft.

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:
Section and Use (if known): R-20 zone, first side and front setback relief

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

Add a free standing garage in the front left of our home. The home was originally built with a one Car garage on the left side which was converted to a family room by the original owner. Building it as an attached garage would detract from the appearance of the house, conflict with the lot lines and cause us to lose 2 living room windows and 1 bedroom window on the north west side.

We have tried to use a minimalist design to make the proposed garage blend with the home and grounds.

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 report."

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: 7/31/23
Applicant(s) Printed Name: [Name]

Attorney / Other (If applicable) Date: 7/31/23

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, [Name], hereby certify that I am the owner/authorized agent of the property designated as Plat 31-2, Lot 30, 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 [Name] (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. By signing this application, the Applicant(s) and Land Owner(s) give permission to the Town of South Kingstown staff and members of the Zoning Board to enter the property individually or as a group for purposes of a site inspection.

Witness its name this 31 day of July, 2023.

By: [Signature of Owner/Authorized Agent]

STATE OF RHODE ISLAND
County of Washington

In the Town of South Kingstown on the 31 day of July, 2023, before me personally appeared [Name] (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 [Individuals] (individual, corporation, trustee, partnership, non-profit, etc.)

Notary Public: [Signature]
Commission Expires: 1/31/2023

Town of South Kingstown Zoning Board of Review
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CZT MANITOU SPRINGS, CO 80829
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KINGSTON, RI 02881-1702
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KINGSTON, RI 02881
DAVE, FL 33325
KINGSTON, RI 02881
KINGSTON, RI 02881-1726
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