TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
Applicant Name: ANTHONY + LYNN DELIMA
Applicant Address: 140 ALLEN AVE
Applicant Phone: 860-303-3282
Applicant Email: lynn.delima@comcast.net

2. OWNER INFORMATION:
Owner Name: ANTHONY + LYNN DELIMA
Owner Phone: 860-303-3282
Owner Address: 140 ALLEN AVE

3. PROJECT INFORMATION:
Physical Address: 140 ALLEN AVE
Assessor's Plat: 48-3
Assessor's Lot: 33
Zoning District: R10

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

5. LOT SPECIFICATIONS:
Lot Frontage: 80 ft.
Lot Depth: 113 ft.
Lot Area: 12,508.35 ft.

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

7. EXISTING STRUCTURES:
Number of Existing Buildings or Structures Present: ______
Size of Existing Structures: 1244 sf, 35 sf, 0 sf
Distance from Property Lines of Existing Structures:

<table>
<thead>
<tr>
<th>Structure</th>
<th>Front Yard</th>
<th>Rear Yard</th>
<th>Side Yard Right</th>
<th>Side Yard Left</th>
<th>Corner Side Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40 ft.</td>
<td>42 ft.</td>
<td>20 ft.</td>
<td>15 ft.</td>
<td>______ ft.</td>
</tr>
<tr>
<td>2</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
</tr>
<tr>
<td>3</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
</tr>
<tr>
<td>4</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
<td>______ ft.</td>
</tr>
</tbody>
</table>

8. WATER AND SOLID WASTE
Water: Town Water
Well
Other

Waste: Town Sewer
Septic
Other
9. **SIZE OF PROPOSED BUILDINGS/ADDITIONS:**

- Total Square Feet: 672 sf
- Width: 29 ft
- Length: 24 ft
- Height Above Grade: 21 2/3 ft
- Number of Stories: 1

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

- Front Yard: ________ ft
- Rear: ________ ft
- Side Yard Right: ________ ft
- Side Yard Left: ________ ft
- Corner Side Yard: ________ ft
- Height: 6'2" ft

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

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

   SEE ATTACHED

---

**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:** ANTHONY + LYNN DELIMA

**Date:** 10.27.23

**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, Anthony Delima, hereby certify that I am the owner/authorized agent of the property designated as Plat 48-3, Lot 33, 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 Anthony Delima (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 31st day of October, 2023.

By: __________________________
    Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND: Connecticut
County of New London

In Person on the 31st day of October, 2023, before me personally appeared Anthony Delima, (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, trustee, partnership, non-profit, etc.)

Notary Public: __________________________
My Commission Expires: __________________________

JAIME A. LEE
Notary Public, State of Connecticut
My Commission Expires Nov 30, 2027

Notary Seal:

Town of South Kingstown Zoning Board of Review
Zoning Board Review Application
Anthony and Lynn DeLima
140 Allen Avenue
Plat 48-3
Lot 33
Item no. 12
Describe the extent of proposed alterations, state reasons why you are requesting relief:

We are requesting relief of 6 feet 2 inches in the height restrictions to build a garage to store our 10 foot van. Our goal is to compliment the historic architecture of our existing structure.
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An anonymous + Lynn DeNina: 140 Allen Ave, Plant H8-3, Lot 33</td>
</tr>
</tbody>
</table>
NOTES AND REFERENCES:
1. THIS SURVEY AND PLAN DOES NOT SHOW ANY PREVIOUS EASEMENTS OR SUITABILITY EXISTENCE OF ANY PREVIOUS EASEMENTS OR EASEMENTS NOT SHOWN HEREIN.
2. ANY USE, APPRAISAL, COPYING, DUPLICATION, ADAPTATION, OR MODIFICATION OF THIS PLAN WITHOUT THE INWRITTEN CONSENT OF CUFF LAND SURVEYING LLC IS STRICTLY PROHIBITED, AND NO SUCH USE WILL CONSTITUTE A COPYRIGHT INFRINGEMENT. THIS PLAN WAS PRODUCED AND IS THE EXCLUSIVE USE BY THIS CLIENT, AND FOR A SINGLE USE AND A SINGLE PURPOSE.
3. THE SURVEY OR WORKS NOT INTENDED TO ASSURE THE USE OF THIS PLAN THE EXISTENCE OF REESE EASEMENTS OR EASEMENTS NOT SHOWN HEREIN.
4. ANY INFORMATION IS BASED ON THE LATEST TAX ASSESSOR RECORDS AND IS NOT A DETERMINATION OF TITLE.
5. ANY RACKING RELATIVE TO NORTH AMERICAN SURVEY, SURVEY PLATED IN 1974, SHOWS THE INWARD OR OUTWARD OF MY SURVEY MARK ON THE SURVEY MARKER.
6. THE SURVEY OR WORKS NOT INTENDED TO ASSURE THE USE OF THIS PLAN THE EXISTENCE OF REESE EASEMENTS OR EASEMENTS NOT SHOWN HEREIN.
7. ANY INFORMATION IS BASED ON THE LATEST TAX ASSESSOR RECORDS AND IS NOT A DETERMINATION OF TITLE.
8. THE SURVEY OR WORKS NOT INTENDED TO ASSURE THE USE OF THIS PLAN THE EXISTENCE OF REESE EASEMENTS OR EASEMENTS NOT SHOWN HEREIN.

CLIFF LAND SURVEYING LLC
Land Surveying
Commercial
Residential
Micultural

Perimeter Survey of Land
Proposed Garage
at 140 Allen Ave.
In South Kingstown, RI
For Anthony F. and
Lynn Ann Delina

PROPERTY DESCRIPTION:
Tax Assessor's Plat 48-3, Lot 33
Sheet 1 OF 1

Survey No.: 20230022-02

This survey has been conducted and the plan has been prepared pursuant to 400-012-00-00-00-10 of the Rhode Island Regulations adopted by the Rhode Island Board of Professional Land Surveyors. The survey was conducted on November 23, 2023, as follows: Limited Context Boundary Measurement Specifications. Boundary Class L Infrastructure Class B, Existing Easements. The purpose for the conduct of the survey and for the preparation of the plan is as follows: to render a professional opinion as to the location of the subject property's boundaries.

By:
Robert Cuff, R.L. Reg. No. 1037
C10 No. 10-4504

REGISTRATION SEAL
VALID ONLY WHEN EMBOSSED

This Plan is to be recorded under the following Street Name(s):
1) Allen Avenue

ZONING DESIGNATION:
NOTE: ZONING INFORMATION WAS OBTAINED FROM RHODE ISLAND PLANNING USERS OF THIS PLAN ARE THEREFORE ADVERTISED TO ACCORD WITH THE INFORMATION DETERMINATIONS OF AN ACCURATE AND COMPLETENESS.

GRAPHIC SCALE
1 INCH = 20 FEET

CURRENT OWNER OF RECORD:
Anthony F. and Lynn Ann Delina

LIST OF ABUTTERS:
1) Allen Avenue

WILLARD AVENUE
CONSTRUCTION NOTES
1. ALL WORK TO CONFORM WITH RHODE ISLAND STATE BUILDING CODE.
2. IF NOT SCALE DIMENSIONS FROM DRAWING, USE CALCULATED DIMENSIONS ONLY. NOTIFY IMMEDIATELY IF ANY CONFLICT EXISTS.
3. ALL WOOD IN CONTACT WITH CONCRETE SHALL BE PRESSURE TREATED.
4. ALL EXTERIOR WALLS 2X6 CONSTRUCTION UNLESS OTHERWISE NOTED.
5. ALL INTERIOR WALLS 2X4 CONSTRUCTION UNLESS OTHERWISE NOTED.
6. PROVIDE BLOCKING IN WALLS FOR CABINETS OR SHEATH WALL [PLYWOOD].
7. ALL HEADERS (2-1/2 X 8") LW, INSULATED HEADERS UNLESS OTHERWISE NOTED.
8. ALL INTERIOR DOORS ARE 36" X 80" ON FIRST FLOOR AND ON SECOND FLOOR.

PROPOSED GARAGE PLAN
3/16" = 1'-0"