TOWN OF SOUTH KINGSTOWN

ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
   Applicant Name: Marshall Volta
   Applicant Address: 77 Kimberley Drive, South Kingstown
   Applicant Phone: 401-487-6883

2. OWNER INFORMATION:
   Owner Name: Marshall Volta
   Owner Address: 77 Kimberley Drive, South Kingstown

3. PROJECT INFORMATION:
   Physical Address: Kimberley Dr
   Assessor's Lot: 58-1
   Assessors' Lot: 18
   Zoning District: R-80
   Required Zoning Setbacks:
   Front yard: 40 ft
   Rear Yard: 40 ft
   Side Yard Right: 15 ft
   Side Yard Left: 15 ft
   Corner Side Yard: 40 ft

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

5. LOT SPECIFICATIONS:
   Lot Frontage: 107 ft
   Lot Depth: 270 ft
   Lot Area: 26,088 ft²

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

7. EXISTING STRUCTURES:
   Number of Existing Buildings or Structures Present: 2
   Size of Existing Structures: 170 sf, 26 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>Structure 1</td>
<td>107 ft²</td>
<td>113 ft²</td>
<td>45.3 ft²</td>
<td>10 ft</td>
<td>117 ft²</td>
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<tr>
<td>Structure 2</td>
<td>105 ft²</td>
<td>158 ft²</td>
<td>66 ft²</td>
<td>26 ft²</td>
<td>175 ft²</td>
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<tr>
<td>Structure 3</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
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<tr>
<td>Structure 4</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
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</tbody>
</table>

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


Height Above Grade: 8 ft. Number of Stories:

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

Front Yard: _______ Rear: _______ Side Yard Right: _______

Side Yard Left: 4'3" 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:

Work began on the property to repair a deck due to rot. The extent was greater then initially thought which became evident upon removal of decking. At that time it was decided the deck needed complete replacement. The existing footprint will remain on the left side yard (north east). The existing deck before demo was already beyond the side yard setback by 3'. We are seeking dimensional relief at the northeast corner by eliminating the existing stair to grade, which will create a new outside corner dimension of the deck. If approved, this new corner would extend into the side yard setback 4'3".

ZONING BOARD OF REVIEW RULES OF PROCEDURE ITEM 6: "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) ____________________________ Date: 4/15/21

Applicant(s) Printed Name: Marshall Volia

Attorney / Other (if applicable) Date: ____________________________

Office Use Only

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

Submit Date: ____________________

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, Marshall Votta, hereby certify that I am the owner/authorized agent of the property designated as Plat 58-1, Lot 18, 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 Marshall Votta (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 15th day of April 2021.

By: [Signature]

Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND
County of Providence

In Providence on the 15th day of April 2021, before me personally appeared Marshall Votta (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: [Signature]

My Commission Expires: 9/10/25

Notary Seal:

Town of South Kingstown Zoning Board of Review
<table>
<thead>
<tr>
<th>REM_MBLU</th>
<th>REM_MBLU</th>
<th>LOCATION</th>
<th>SLH_OWN_NAME</th>
<th>SLH_CO_OWN_NAME</th>
<th>SLH_OWN_ADDR</th>
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<td>9</td>
<td>102 KIMBERLEY DRIVE</td>
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