TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
Applicant Name: Edward Baxter
Applicant Address: 55 Atlantic Blvd, North Providence, RI 02911
Applicant Phone: (410) 602-5451
Applicant Email: fillthyrenovations@gmail.com

2. OWNER INFORMATION:
Owner Name: Lisa Beth Petraglia
Owner Address: 186 Little Rest Rd, Kingston, RI 02881-1623
Owner Phone: (410) 767-5062

3. PROJECT INFORMATION:
Physical Address: 186 Little Rest Rd, Kingston, RI 02881-1623
Assessor’s Plat: 08-3
Assessor’s Lot: 10
Zoning District: R-20

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

5. LOT SPECIFICATIONS:
Lot Frontage: 80 ft, Lot Depth: 150.85 ft, Lot Area: 34,068 ft²

6. USE OF PREMISES:
Present Use: SF6 # of families: 1, Proposed Use: SF6 # of families: 1

7. EXISTING STRUCTURES:
Number of Existing Buildings or Structures Present: one
Size of Existing Structures: 750 sf, 750 sf, 750 sf, 750 sf
Distance from Property Lines of Existing Structures:

<table>
<thead>
<tr>
<th>Distance from Property Lines</th>
<th>Structure 1</th>
<th>Structure 2</th>
<th>Structure 3</th>
<th>Structure 4</th>
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<tbody>
<tr>
<td>Front Yard</td>
<td>33.9 ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
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<tr>
<td>Rear Yard</td>
<td>35 ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
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</tr>
<tr>
<td>Side Yard Right:</td>
<td>35 ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
</tr>
<tr>
<td>Side Yard Left:</td>
<td>12.8 ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
</tr>
<tr>
<td>Corner Side Yard:</td>
<td>_____ ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
<td>_____ ft</td>
</tr>
</tbody>
</table>

8. WATER AND SOLID WASTE
Water: Town Water X, Well, Other _____
Waste: Town Sewer, Septic X, Other _____
9. SIZE OF PROPOSED BUILDINGS/ADDITIONS
(Garage) (Breezeway = 7x10')
Height Above Grade: 6.5 ft. Number of Stories: 1

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:
Front Yard: 24" 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): Front driveway

12. DESCRIBE THE EXTENT OF PROPOSED ALTERATIONS, STATE REASONS WHY YOU ARE REQUESTING RELIEF:
> The reasoning behind the proposed alterations requesting an enclosed space with a breezeway to the garage area is due to the hardships of the homeowner.
> The homeowner being by herself needs an enclosed access space to be able to safely maneuver to her car without hazards of the snowfall.
> Due to OWTS location behind the existing home, we cannot build on the backside of the home.
> We want to be able to utilize existing driveway location.
> The forward most window in right elevation view, is the most accessible window to utilize for the breezeway entrance door. The others are a bathroom and bedroom window.

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 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: Edward Baxter Date: 1/8/21

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, Lisbeth Pellegriń, hereby certify that I am the owner/authorized agent of the property designated as Plat 23-3, Lot 10, 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 Edward Baxter (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 8th day of November 2021.

By: _____________________________
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND
County of Providence

In Providence, Rhode Island on the 8th day of November, 2021, before me personally appeared Lisbeth Pellegriń, (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, corporation, trustee, partnership, non-profit, etc.)

Notary Public: _____________________________
My Commission Expires: 12/30/2028

Notary Seal: _____________________________

Town of South Kingstown Zoning Board of Review
CRITICAL FOUNDATION NOTE

THE CONTRACTOR NEEDS TO ENSURE THAT ALL GRADE POINTS AROUND THE PERIMETER OF THE CURRENT PLAN ARE PERPENDICULAR TO THE GRADE LINE AND ARE AT THE SAME LEVEL.

FOOTING NOTE

ALL FOOTINGS TO BE 3'-0" BELOW FINISHED GRADE ON COMPACTED UNDERSIZED SOIL. ALL GRADE GRADE DROPS CONTRACTOR HAS THE OPTION TO EITHER STEP THE FOOTING DOWN TO 3'-0" DEPTH, OR INCLUDE A RAMP. CONTRACTOR TO CONFIRM FROST DEPTH WITH BUILDING OFFICIAL.

CONCRETE WALL COLD JOINT CONNECTION NOTE

DAMPROOFING

APPLY DAMPROOFING RELENT TO ALL WALLS UNDER GRADE. EXCEPT THE DEPTH MUST BE RECOMMENDED AT COLD JOINT LOCATIONS.

EXISTING HOUSE

CONCRETE BREEZEWAY SLAB

5'-0" MIN CONCRETE BREEZEWAY SLAB

INSULATION ENSURES USE FIBER NET ADDITIVE IN CONCRETE MIX.

PROPOSED SILL ASSEMBLY

FOUNDERING DROPS

WIDTH OF CONCRETE DROPS WILL BE 2'-0" WIDER THAN FIBER WIDTH OF DOOR OR WINDOW. FULL LENGTH OF DROP MUST BE COMPACTED. CONTRACTOR TO INSTALL FIBER OVERDOOR. CALIBRATE HOW MTO HAVE TO BE CONCERNED WITH BUILDING OFFICIAL.

PROPOSED GARAGE

SILL ASSEMBLY

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GARAGE SLAB

5'-0" MIN CONCRETE SLAB

SILL ASSEMBLY

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NOTE

THIS PLAN USED FOR
CONCEPTUAL REPRESENTATION
AND IS NOT TO BE SCALED
FOR CONSTRUCTION PURPOSES

BREEZEWAY ROOF
TYPICAL FRAME ROOF:
ASPHALT ARCH. SHINGLES
1/2" FIR SHEATHING
2x8 RAFTERS @ 16" o.c.
2x10 RIDGE BOARD
ICE & WATER SHIELD UP 6' ON ALL
EAVES, 3' IN VALLEYS AND ON ROOF
EDGES. GRACE RUBBER
MEMBRANE RECOMMENDED.
SIMPSON HURRICANE TIES
INSTALLED ON EACH RAFTER END.
2x4 COLLAR TIES @ 16" o.c. AS SHOWN
2x6 CLG. JOISTS @ 16" o.c. AS SHOWN
R-38 BATT INSULATION.
1/2" GYPSUM BOARD TAPED & SANDED.

EXISTING STICK FRAMED ROOF
TYPICAL FRAME ROOF:
ASPHALT ARCH. SHINGLES
1/2" PINE BOARD SHEATHING
2x8 RAFTERS @ 16" o.c.
2x8 CLG. JOISTS @ 16" o.c.

GARAGE ROOF
TYPICAL FRAME ROOF:
ASPHALT ARCH. SHINGLES
1/2" FIR SHEATHING
2x8 RAFTERS @ 16" o.c.
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1/2" GYPSUM BOARD TAPED & SANDED.
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