TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
Applicant Name: James McKelvey
Applicant Address: 109 Columbia St Wakefield RI 02879
Applicant Phone: 614 406 1076
Applicant Email: mckelvj@gmail.com

2. OWNER INFORMATION:
Owner Name: James and LaRea McKelvey
Owner Address: 109 Columbia St Wakefield RI 02879
Owner Phone: 614 406 1076

3. PROJECT INFORMATION:
Physical Address: 109 Columbia St Wakefield RI
Assessor’s Plat: 57-1
Assessors’ Lot: 201
Zoning District: R10
Required Zoning Setbacks: Front yard 25 ft, Rear Yard 6 ft, Side Yard Right 6 ft, Side Yard Left 25 ft, Corner Side Yard

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

5. LOT SPECIFICATIONS:
Lot Frontage: 56 ft.
Lot Depth: 110 ft.
Lot Area: 6160 sq. ft.

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

7. EXISTING STRUCTURES:
Number of Existing Buildings or Structures Present: 1
Size of Existing Structures: 1340 sq ft, 220 sq ft, 220 sq ft, 220 sq ft

Distance from Property Lines of Existing Structures:

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<th>Structure 1</th>
<th>Structure 2</th>
<th>Structure 3</th>
<th>Structure 4</th>
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<td>Side Yard Left:</td>
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<tr>
<td>Corner Side Yard:</td>
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8. WATER AND SOLID WASTE
Water: Town Water X
Well
Other
Waste: Town Sewer X
Septic
Other
9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:
   Height Above Grade: 11 ft.  Number of Stories: 1

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:
   Front Yard: _______  Rear: _______  Side Yard Right: _______
   Side Yard Left: _______  Corner Side Yard: 5'  Height: _______

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:
   Section and Use (if known): SECTION 208

12. DESCRIBE THE EXTENT OF PROPOSED ALTERATIONS, STATE REASONS WHY YOU ARE REQUESTING RELIEF:
   Replacing 180 sq ft storage shed that was damaged during a storm in Aug. 2021 with the attached proposed 1 car garage/storage structure. Seeking a variance encroachment 5' into the required 25' on the Hope Ct side of the residence. The request is based on GIS information. A survey will be performed to confirm the 5' max. encroachment. This encroachment will allow the garage to align with the residence.

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:  

Date: 11/24/2021

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, James McKelvey, hereby certify that I am the owner/authorized agent of the property designated as Plat 57-1, Lot 201, 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 James McKelvey (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 24th day of Nov, 2021.

By: Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of Washington

In Narragansett on the 24th day of November 2021 before me personally appeared James M. McKelvey (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: Timothy Busby
Rhode Island
ID: 767729
Exp: 03/30/2023

My Commission Expires: 03/30/2023

Town of South Kingstown Zoning Board of Review

Notary Seal:
109 Columbia Street Garage

Parcel Information
109 Columbia Street, South Kingstown, RI 02879
Lot Size: 0.14 Acres
Zoner: R10
Overlay Zoning: None
Max Building Height: 30'-0"
Max Impervious Surface Coverage: 50%
Front Yard Setback: 25'-0"
Left Side Yard Setback: 25'-0"
Right Side Yard Setback: 6'-0"
Rear Setbacks: 6'-0"

Sheet Index
General Drawings
G-001 Cover Sheet

Floor Plans
A-109 First Floor Plan

Details
A-501 Details

McKelvey Residence
109 Columbia St, South
Kingstown, Rhode Island 02879

PROVIDENCE ARCHITECTURE
260 Waterman St, Providence
Rhode Island, 02903
providencearchitecture.com
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