TOWN OF SOUTH KINGSTOWN
ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:
Applicant Name: Emily + Craig Totten  Name of Primary Contact if Organization: 
Applicant Address: 900 Tuckerton Rd, Wakefield, RI 02879
Applicant Phone: 401.476.1035  Applicant Email: emily.totten@gmail.com

2. OWNER INFORMATION:
Owner Name: Pennington Partners  Owner Phone: 401.579.5404
Owner Address: #5 Sylvan St, Newport, RI 02840

3. PROJECT INFORMATION:
Physical Address: #5 Sylvan St  Assessor's Lot: 61  Assessors' Plat:  61  Zoning District: Rz 60
Required Zoning Setbacks: Front yard 5'  Rear Yard 20'  Side Yard Right 20'  Side Yard Left 20'  Corner Side Yard N/A

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

5. LOT SPECIFICATIONS:
Lot Frontage: 300 + ft.  Lot Depth: 400 + ft.  Lot Area: 50,040 sq ft

6. USE OF PREMISES:
Residential  Accessory Apartment
Present Use: 1  # of families: 1
Proposed Use: 1  # of families: 1

7. EXISTING STRUCTURES:
Number of Existing Buildings or Structures Present: 1 Residential Dwelling
Size of Existing Structures: 986 sf, 986 sf, 986 sf, 986 sf
Distance from Property Lines of Existing Structures:

<table>
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<tr>
<th>Distance</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>402 ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
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<tr>
<td>Rear Yard:</td>
<td>199 ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
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<tr>
<td>Side Yard Right:</td>
<td>243 ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
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<tr>
<td>Side Yard Left:</td>
<td>184 ft</td>
<td>ft</td>
<td>ft</td>
<td>ft</td>
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<tr>
<td>Corner Side Yard:</td>
<td>N/A</td>
<td>ft</td>
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8. WATER AND SOLID WASTE
Water: Town Water  ✔  Well  ✔  Other
Waste: Town Sewer  ✔  Septic  ✔  Other
9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:
   Height Above Grade: <20 ft. Number of Stories: 1

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:
   Front Yard: N/A 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): Section 503.1.6. C.F.

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

   The Accessory Apartment is only allowed in R200 Zone with a Special Use Permit.

   We are requesting a 750 Sq. Ft. Accessory Apartment dwelling with additional finished storage in loft and basement. We may add plumbing in the basement for an extra toilet.

   The covered front entry, including the exterior steps, is an additional 69 sq.ft. This allows an extra person to assist elderly up the steps, helps with wheelchair accessibility into the dwelling with adequate space to add a ramped entrance, if needed, at a later date. Our senior parents will be living in the Accessory Dwelling.

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 shutter’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 declare that the information given herein is true statement to the best of his/her knowledge and belief.

Applicant Signature: ____________________________________________
Applicant(s) Printed Name: Emily Totten Date: 10-16-21

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, ___________Totten__________, hereby certify that I am the owner/authorized agent of the property designated as Plat ___________ Lot ___________, 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 ___________Totten__________, (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 ___________ day of ___________, 2021.

By: ___________Totten__________

Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of ___________Washington__________

In ___________ Town of South Kingstown, on the ___________ day of ___________, 2021, before me personally appeared ___________Totten__________, (name) to me known and known by me to be 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: ___________

Notary Seal:

Town of South Kingstown Zoning Board of Review
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, Randal Totten, hereby certify that I am the owner/authorized agent of the property designated as Plat 61, Lot 67, 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 Emily Totten (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 10th day of December 2021.

By: [Signature]

Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of Washington

In South Kingstown, on the 10th day of December 2021, before me personally appeared Randal Totten (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: 4-25-2026

Notary Seal:

Town of South Kingstown Zoning Board of Review
Accessory Dwelling Plans:

Prepared For:
Pennington Partners, LLC
900 Tuckertown Road
South Kingstown, Rhode Island

Drawing Index:

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L302.3 Roof. The following applies to structures conventionally framed or nontechnique roofs:

L302.3.2 Roof Sheathing. Roof sheathing shall be not less than 7/16" finished thickness.

L302.4 Ridge Straps. Ridge straps 1/4x4x20 gauge shall be attached to each pair of opposing rollers with 5/8x4 nails at each end into the framing members. Maximum 1" spacing to allow for expansion of metal and for installation of the vent cap as required.

L302.5 Eave Dwellings. Eave dwelings shall be limited to 24". Roof and eave overhangs shall be limited to 3'.

L302.6 Roof Assembly & Eave Dwellings. A design window load analysis shall be made in conjunction with Table R602.11 to substantiate the required roof load analysis in addition to any wind forces. Connected connection details shall be reviewed and approved by the building official. Furthermore, all connection details shall be reviewed and approved by the building official.

L302.7 Wall Sheathing. Wall sheathing shall be a minimum 7/16" structural panel. Sheathing shall be in accordance with Table R602.11 and the following:

1. At the top plate or plates, the sheathing shall extend from the top of the top plate to a minimum of 15" beyond the stud-to-bottom of the top plate connection. A minimum of 4 nails shall be used at each stud location; and edge-connected to each plate at 6" o.c. (alternative: pre-engineered connection strip details approved by the Building Official).

2. If the sheathing is cut or butted to the foundation plate such as at an inside corner, the wall sheathing shall be continuous and uninterrupted but a minimum of 4 nails shall be used at each stud location; and edge-connected to each plate at 6" o.c. (alternative: pre-engineered connection strip details approved by the Building Official).

3. Shear Walls. A 4" segment of wall sheathing shall be designated as a shear wall at each corner of the structure at each floor, not exceeding 24" minimum of wall length. The following additional requirements apply:

1. No openings are permitted within this 4" section. Exception: Shutter openings are allowed no closer than 2" to corner providing the length of the shear panel is increased to 6".

2. All edges shall be blocked and nailed at 6" o.c., and field nailed at 6" o.c. Studs shall be doubled at each end of the shear wall panel.