

# East Providence Zoning Board of Review

## DIMENSIONAL VARIANCE FORM (Ref. 19-47)

File #	_____
Date of Filing	_____
Received By	_____
Date of Hearing	_____
Action	_____
Recorded	Bk. Pg.

This form must be completed in full prior to being considered by the Zoning Board of Review.

PHONE NUMBER: 401 497 7310

1. LOCATION OF PROPERTY 72 Merritt rd. AVENUE/STREET  
 MAP 309 BLOCK 14 PARCEL 18 ZONING DISTRICT R2

2. OWNER Paula Paiva  
 ADDRESS 72 Merritt rd Riverside RI 02915

DATE OF PURCHASE \_\_\_\_\_

PROPOSED LESSEE/PURCHASER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_

REPRESENTING SELF

3. DIMENSIONS OF SITE 60- FEET 135- FEET 9,934  
Width Depth Area (Sq. Ft.)

LIST OF ALL EXISTING BUILDINGS AND USES:

Use	Building Height	Area (Sq. Ft.) (Building Footprint)	Type of Construction
(1) <u>SINGLE-FAMILY</u>			
(2) _____			
(3) _____			

4. LIST OF PROPOSED CONSTRUCTION AND USES:

Use	Height	No. of Stories	Basement Yes/No	Area (Sq. Ft.) (Bldg Footprint)	Multi-Family	Type of Construction
					No. of Bedrooms/Unit	
(1) <u>REMAIN TREE HOUSE</u>						
(2) _____						
(3) _____						

5. THIS VARIANCE APPLICATION RELATES TO:

- Principal Building (s)
- Accessory Building
- Lot Area

CHECK ONE OR MORE:

- Setback Requirement
- Lot/Building Coverage
- Landscaping
- Amount Parking or Loading
- Location/Dimensions of Parking or Loading
- Extension of Nonconforming Structure
- Number of Dwelling Units
- Floor Area
- Height
- Signs/Billboards
- Other: \_\_\_\_\_

6. VARIANCE SOUGHT: List each applicable section of the Zoning Ordinance for which Variance is sought plus a brief description of the nature of the variance (s):

Section Number	Description Variance
① 19-144(b)	ACCESSORY SIDE-YARD SETBACK
② 19-144(b)	ACCESSORY REAR-YARD SETBACK

7. DEVIATION FROM REQUIRED STANDARDS

Section Number	Ordinance Requirement	Proposed
① 19-144(b)	5- FEET	1.6- FEET
② 19-144(b)	5- FEET	1.9- FEET

8. DESCRIBE THE UNIQUE CHARACTERISTICS OR OTHER PECULIARITIES OF THE PROPERTY WHICH CREATE HARDSHIP.

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NOTE: PLANS ACTED UPON BY THE BOARD BECOME INCORPORATED AS PART OF THE DECISION AND ARE FINAL.

I, the undersigned, swear that all information given above to the best of my knowledge is complete and correct.

OWNER(S) SIGNATURE: *Paula Arce* DATE 12.13.22

Agent/Attorney

DATE \_\_\_\_\_

