

PETITION TO THE CITY COUNCIL

ZONING MAP AMENDMENT (Ref. § 19-72)

Date of Filing _____

Received By _____

Date of Hearing _____

Final Action _____

Ordinance Chapter _____

This form must be completed in full prior to being considered by the Planning Board and City Council.

1. LOCATION OF PROPERTY 500 Veterans Memorial Parkway AVENUE/STREET
MAP 107 BLOCK 15 PARCEL 001

(If petition pertains to a portion of a lot attach a metes and bounds description of parcel to be rezoned as shown on the plan submitted.)

2. OWNER Metacomet Property, LLC
ADDRESS 700 Narragansett Park Drive, Pawtucket, RI 02861
DATE OF PURCHASE October 2, 2020 (Bk 4323, Page 46)
ATTORNEY Zachary G. Darrow, Esq.
ADDRESS DarrowEverett LLP, One Turks Head Place, 12th Floor, Providence, RI 02903
PROPOSED LESSEE/PURCHASER _____

3. DIMENSIONS OF SITE See attached
width depth area (sq.ft.)
LIST OF ALL EXISTING BUILDINGS AND USES:
Building Area Type of
Use Height (Building Footprint) Construction
(1) See attached plans
(2) _____
(3) _____

4. PRESENT ZONING DISTRICT: O-1

5. REQUESTED ZONING DISTRICT: Waterfront District - New VMP Subdistrict

Petition Pertains To: See attached petition
☐ Change to Present Zoning District
☐ Floating Zone Amendment
☐ Floating and Underlying Zone Amendment

If Floating Zone, Check Type Here:
☐ Mixed Use Floating Zone
☐ Cluster Floating Zone
☐ Port Floating Zone

6. Is this proposal subject to any of the following: N/A

- ☐ Development Plan Review (Ref. § 19-448)
- ☐ Land Development Project Review (Ref. § 19-361)

7. Is this petition in combination with a proposed Zoning Text Amendment?

Yes

8. List of Proposed Construction and Uses:

Building Use	Ht.	No. of Stories	Basement Yes/No	Area (Sq. Ft.) (Building Footprint)	Multi-Family	Type of Const.
					No. of Bedrooms/Unit	
(1)	N/A					
(2)						
(3)						

9. Description of nature and scale of proposal:

See attached petition

10. Relation of the proposed action to the East Providence Comprehensive Plan:

See attached petition

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

OWNER(S) SIGNATURE _____ DATE _____

AGENT/ATTORNEY _____ DATE _____

(See Section 19-72 (b) for Requirements on Accompanying Information.)