

TOWN OF HOPKINTON
ZONING BOARD OF REVIEW

To: Hopkinton Zoning Board of Review
Town Hall
1 Townhouse Road
Hopkinton, RI 02833

Ladies/Gentlemen:

The undersigned hereby applies to the Hopkinton Zoning Board of Review for an **AQUIFER PROTECTION PERMIT** in the application of the provisions of regulations of the Hopkinton Zoning Ordinance affecting the following described premises in the manner and on the grounds hereinafter set forth.

NAMES:

Applicant: _____ Address: _____
Owner: _____ Address: _____
Lessee: _____ Address: _____

1. Filing Instructions:

- a. The original application and eleven (11) copies, either typed or legibly printed, must be filed with the Town Clerk's Office in accordance with the minimum time required to post adequate notice.
- b. A filing fee in the amount of **\$75.00** shall accompany an application to the Zoning Board of Review to cover the costs of legal advertisement and processing. In addition to the \$75.00 fee, the applicant shall also be responsible for all costs incurred by the town in the course of review of this application, including stenographic services and legal advertisement, and will be billed when the final costs have been determined.
- c. All required checklist items for an **AQUIFER PROTECTION PERMIT** must accompany the application in order to be considered a complete application.

2. Location of Premises: _____
(Name of Street or Road)

3. Plat(s) _____ Lot(s) _____ Zoning District _____
911 Address _____

4. Aquifer Protection Zone(s) _____

5. Dimensions of Lot: (Frontage) feet by (Depth) feet Area (Square Ft. or Acres) _____

6. How long have you owned the premises? _____
 State year which lot(s) were platted and recorded: _____
7. State present use of premises: _____
8. State proposed use of premises: _____
9. Please give the size (in feet) of all existing buildings and accessory structures: _____
10. Have you submitted plans to the Zoning Enforcement Officer? _____
 Has a permit been refused? _____
 If a permit has been refused, attach a copy of the denial, in writing.
11. Please give the size (in feet) of all proposed buildings and accessory structures that will support the proposed use: _____
12. Please describe any planned alterations to support the proposed use _____
13. Will the proposed use involve hazardous materials or require State or Federal permit, approval or license? Yes _____ No _____
 If Yes, explain: _____
14. Indicate the provision or regulation of the Hopkinton Zoning Ordinance under which application for **AQUIFER PROTECTION PERMIT** is made:

15. Indicate the grounds for which **AQUIFER PROTECTION PERMIT** is sought: _____

16. Request for Waiver: Please indicate the checklist items that are requested to be waived by the Zoning Board and the reasons for the request: _____

Respectfully submitted,

Signature _____

Signature _____

Address _____

Phone # _____

TOWN OF HOPKINTON, RI
WEEKLY HAZARDOUS MATERIAL STORAGE AREA INSPECTION
CHECKLIST

Business Name: _____

Name/Title of Inspector: _____ Signature: _____

Inspection Date: _____ Time: _____ Keep for 3 Years, Until: _____

Area(s) Inspected: _____

	<u>Above Ground Storage Tanks</u>	<u>Individual Containers</u>
Number of	_____	_____
Number of Full	_____	_____
Are They All Closed?	_____	_____

Condition of Tanks/Containers: _____
(Do they show signs of leaking? Is there deterioration due to rust? Have they been damaged?)

Condition/Integrity of Containment Area: _____
(Will the area effectively contain a spill or leakage? Are berms/containment devices in good condition?)

Is there at least three feet of clear aisle space between rows of containers? _____

Are ground wires in place for ignitable materials? _____
(Note condition of wires as well.)

Condition/Integrity of venting system recovery systems: _____
(Will it prevent the release of contaminated condensate or drippage?)

Is there evidence of spilled/leaked material? _____ Describe: _____

List remedial action taken: _____

(Example: Spill was fully contained; spill was cleaned and the drip pan was replaced)

Are container, tank, generation and storage area labeling requirements satisfied? _____

Additional remarks or actions to be taken: _____

Record this inspection in the inspection log and keep this record for at least 3 years.