BUILDING & ZONING DEPARTMENT

APPLICATION CHECKLIST FOR:
DIMENSIONAL MODIFICATION

The application for a Dimensional Modification to the Building & Zoning Department must be accompanied with the following information:

A. Three (3) copies of a site plan prepared by, and signed and stamped by, a professional engineer or professional land surveyor at a scale of no less than one (1) inch = forty (40) feet clearly showing:

- name & address of property owner(s)
- date, north arrow, graphic scale, lot dimensions and area
- plat & lot, zoning district(s) and setbacks
- existing and proposed structures, and their relationship & distances from lot boundary lines
- existing and proposed parking areas and walkways
- existing and proposed landscaping, as it relates to the request
- existing streets, 911 address, wells, septic system
- any peculiar site conditions or features

B. Three (3) copies of a current list (show date) indicating all property owners directly abutting the subject property.

C. A letter from a biologist indicating that there are no freshwater wetlands on or in proximity to the site such that the application is regulated by the R.I. Freshwater Wetlands Act. In those instances where the application is regulated by the R.I. Freshwater Wetlands Act, a physical alteration permit issued by the R.I. Department of Environmental Management, and where applicable, the U.S. Army Corp of Engineers, shall be required.

D. Where proposed construction requires approval by R.I. DEM - Division of Land Resources for a ISDS (individual sewage disposal system) or change of use permit for the proposed activity, attach a copy to the modification application.
TOWN OF HOPKINTON
BUILDING & ZONING DEPARTMENT

To: Hopkinton Building & Zoning Department
Town Hall
1 Town House Road
Hopkinton, R.I. 02833

Ladies/Gentlemen:

The undersigned hereby applies to the Hopkinton Building & Zoning Department for a DIMENSIONAL MODIFICATION in accordance with the provisions 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: ___________________________

Lesse: ______________________________ Address: ___________________________

1. Filing Instructions:

   a. The original application and two (2) copies, either typed or legibly printed, must be filed with the Town Building & Zoning Department.

   b. A filing fee in the amount of $50.00 shall accompany an application to the Building & Zoning Department to cover the costs of processing. In addition to the $50.00 fee, the applicant shall also be responsible for all costs incurred by the town in the course of review of this application, and will be billed when the final costs have been determined.

   c. All required checklist items for a DIMENSIONAL MODIFICATION must accompany the application in order to be considered a complete application.

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

3. Plt(s) __________________________ Lts(s) __________________________ Zoning Dist(s) __________________________

   911 Address: __________________________

4. Dimensions of Lot: ____ feet by ____ feet Area: _______ (Square Ft. or Acres)

5. State present use of premises:

6. State proposed use of premises:

7. Is there a building(s) on the premises at present? __________________________

8. How long have you owned the premises?

   State year which lot(s) were platted and recorded: __________________________

9. Have you submitted plans to the Building & Zoning inspector?

   Has a permit been refused?

   If a permit has been refused, attach a copy of the denial in writing.

10. Please give the size (in feet) of all existing buildings and accessory structures:

11. Please give the size (in feet) of all proposed buildings and accessory structures:
12. Please describe the extent of the proposed alterations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. Please indicate the number of families which building is to be arranged:

________________________________________________________________________

14. Indicate the provision of the Hopkinton Zoning Ordinance under which application for DIMENSIONAL MODIFICATION is made:

________________________________________________________________________

________________________________________________________________________

________________________

15. Clearly state the grounds for which this DIMENSIONAL MODIFICATION is sought:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Respectfully submitted,

Signature

Signature

Address

Phone Number