ZONING BOARD OF REVIEW
APPLICATION CHECKLIST FOR:
APPEAL

The application for an Appeal to the Zoning Board of Review must be accompanied with the following information:

A. Copies of all documents filed with the official or agency from which the appeal is taken.

B. Copies of all decisions of the official or agency from which the appeal is taken.

C. The record of any proceeding from which the appeal is taken.

D. Three (3) copies of a map indicating all property owners within 200 feet of the subject property, and/or all those property owners and entities which require notice under Section 45-24-53, H.I.G.L., also depicting any zoning district boundary.
TOWN OF HOPKINTON
ZONING BOARD OF REVIEW

To: Hopkinton Zoning Board of Review
    Town Hall
    1 Town House Road
    Hopkinton, R.I. 02833

Ladies/Gentlemen:

The undersigned hereby applies to the Hopkinton Zoning Board of Review for an APPEAL in the application of the provisions or 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 two (2) 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 will be billed when the final costs have been determined.

c. All required checklist items for an APPEAL 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(s) ________

   911 Address: ____________________________

4. Dimensions of Lot: __________________ feet by __________________ feet
   (Frontage)  (Depth)
   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 or regulation of the Hopkinton Zoning Ordinance under which application for APPEAL is made:

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

Respectfully submitted.

Signature ____________________________

Signature ____________________________

Address ______________________________

Phone Number _________________________