

ZONING BOARD OF REVIEW

APPLICATION CHECKLIST FOR:
SPECIAL USE PERMIT

The application for a Special Use Permit to the Zoning Board of Review must be accompanied with the following information:

- A. Three (3) copies of a site 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
 - list of names and addresses of all property owners within 200 feet of subject property
 - any peculiar site conditions or features
- B. Three (3) copies of a separate 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 R.I.G.L., also depicting any zoning district boundary and uses of all neighboring properties.
- C. A soil erosion and stormwater control plan with supporting calculations based standards approved by the USDA Soil Conservation Service and in conformity with the R.I. Erosion and Sediment Control Handbook.
- D. A letter from a biologist indicating that there are no fresh-water 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.
- E. Location of existing septic system. Where construction requires approval by R.I. DEM - Division of Land Resources for an ISDS (individual sewage disposal system) or change of use permit for the proposed activity, attach a copy to the application.
- F. Traffic Study addressing the potential impacts of the proposed activity.
- G. On a separate site plan, indicate existing and proposed topography at two (2) foot intervals.
- H. Provide evidence that the proposed water supply has sufficient supply to support the proposed activity and is of drinking water quality.

Note: Upon the applicant's request, the Zoning Board of Review, in appropriate circumstances, may waive the provision of any items of information listed above. The specific reasons for the request of waiver of checklist items must be described on the application. The waiver(s) requested must be approved by the Zoning Board before an application without all the items listed above will be deemed complete.

**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 a **SPECIAL USE PERMIT** 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 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 \$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 a **SPECIAL USE 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(s) _____
911 Address: _____

4. Dimensions of Lot: (Frontage) feet by (Depth) 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: _____

APPENDIX A—ZONING

App. C

14. Indicate the provision or regulation of the Hopkinton Zoning Ordinance under which application for **SPECIAL USE PERMIT** is made:

15. Clearly state the grounds for which this **SPECIAL USE PERMIT** is sought:

16. Request of 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 Number _____