

**TOWN OF HOPKINTON
ZONING BOARD OF REVIEW**

To: Hopkinton Zoning Board of Review
Town Hall
1 Town House Road
Hopkinton, R.I. 02333

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 _____

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 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.
- 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.

INDEX OF ADJOINING STREETS
 R.I.G.L. 34-13-1;
 OAK STREET (TOWN ROAD)

N/E
 JOEL A. & FRANCES C. COHEN, TRUSTEES
 COHEN REVOCABLE LIVING TRUST
 AM #24 - LOT #28

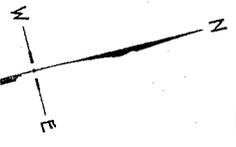
PROPERTY OF
 KENNETH J. ADAMS
 ASSESSORS MAP 24, LOT 37
 AREA=18,609 SF

N/E
 MARY T. POSSILLO
 AM #24 - LOT #36

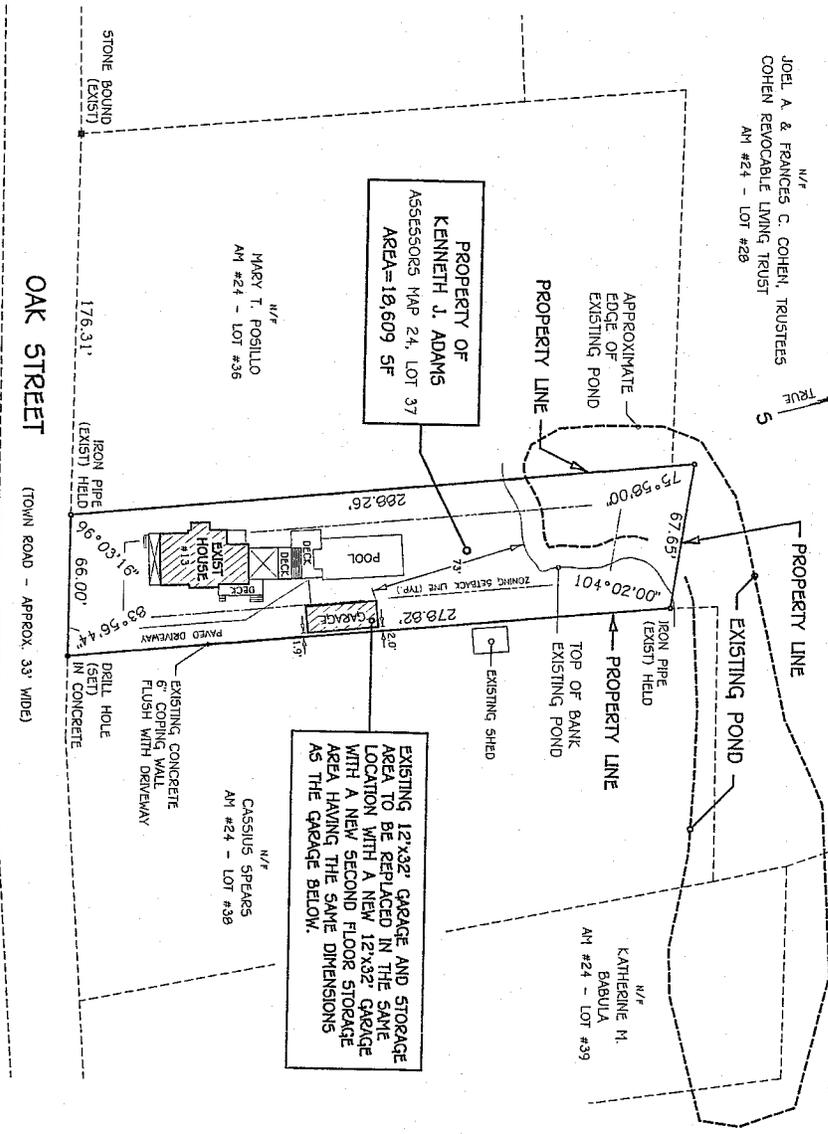
N/E
 KATHERINE M.
 BABULA
 AM #24 - LOT #39

N/E
 CASSIUS SPEARS
 AM #24 - LOT #38

OAK STREET
 (TOWN ROAD - APPROX. 33' WIDE)



LEGEND:
 "N/E" MEANS "NOW OR FORMERLY OWNED BY"
 "AM# - LOT#" MEANS "TOWN OF HOPKINTON ASSESSOR'S MAP & LOT NOS."
 "LE VOL.# - PG.#" MEANS "TOWN OF HOPKINTON LAND EVIDENCE VOLUME & PAGE"
 "(EXIST.)" INDICATES SURVEY MONUMENTATION FOUND AT THE TIME OF THIS SURVEY.
 "(SET)" INDICATES MONUMENTATION PLACED AS A RESULT OF THIS SURVEY.



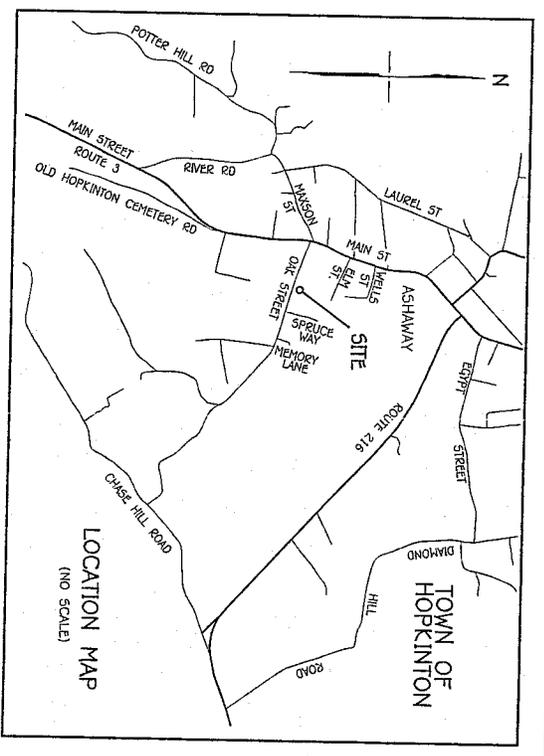
EXISTING 12'x32' GARAGE AND STORAGE
 AREA TO BE REPLACED IN THE SAME
 LOCATION WITH A NEW 12'x32' GARAGE
 WITH A NEW SECOND FLOOR STORAGE
 AREA HAVING THE SAME DIMENSIONS

SURVEY CERTIFICATION

THIS SURVEY AND PLANS HAVE BEEN PREPARED PURSUANT TO SECTION 9 OF THE RULES AND REGULATIONS
 ADOPTED BY THE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
 AS ADOPTED ON NOVEMBER 25, 2015 AND IS IDENTIFIED AS FOLLOWS:

THE TYPE OF SURVEY IS A UNITED CONTENT BOUNDARY SURVEY - CLASS I MEASUREMENT SPECIFICATION
 AND A CLASS II DATA ACCUMULATION SURVEY FOR IDENTIFICATION OF THE EXISTING IMPROVEMENTS LOCATED
 ON THE SUBJECT PROPERTY. THIS PLAN IS FOR THE PURPOSE OF ACCOMPANYING A ZONING APPLICATION.

Joseph P. Toscano, Jr.
 PROFESSIONAL LAND SURVEYOR
 RI PLS NO. 1785
 RI CERTIFICATE OF AUTHORIZATION NO. A15

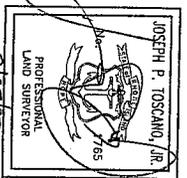


NOTES:

1. THE SUBJECT PROPERTY IS LOCATED IN A R-1 ZONING DISTRICT.
2. THE DEED REFERENCE FOR THE SUBJECT PROPERTY IS LAND EVIDENCE VOLUME 573, PAGE 492. THE SUBJECT PROPERTY IS DESCRIBED IN SAID DEED AS TWO PARCELS OF LAND AND SAID PARCELS WERE PREVIOUSLY DEEDED AS TWO SEPARATE PARCELS TO EDWARD H. & CATHERINE S. DUMAS. REFERENCE IS HEREBY MADE TO THOSE ORIGINAL DEEDS RECORDED IN VOL. 40, PG. 497, RECORDED ON JUNE 17, 1941 AND VOL. 41, PG. 339 RECORDED ON AUGUST 22, 1944.
3. REFERENCE IS HEREBY MADE TO THE FOLLOWING PLAN:
 - A. "PLAT OF LAND IN HOPKINTON, RI, OWNED BY ROMAN CATHOLIC BISHOP OF PROVIDENCE SCALE: 1"=50' ROBERT J. CINCION REGISTERED LAND SURVEYOR JAN. 21, 1975" RECORDED IN PLAT BOOK 4, PAGE 10 - FILED FEBRUARY 6, 1975.
 - B. "RHODE ISLAND STATE BOARD OF PUBLIC ROADS PLAT NO. 72, RELOCATED HOPKINTON-WESTERLY ROAD HOPKINTON FROM HOPKINTON CITY TO WESTERLY TOWN LINE DATE: JUNE 25, 1924 40'=1" SHEET 13 OF 13"
 - C. "TOWN OF HOPKINTON ASSESSOR'S MAP NO. 24"
4. THERE ARE NO KNOWN HISTORICAL CEMETERIES LOCATED WITHIN THE SUBJECT PROPERTY.

ZONING TABLE DATA

CURRENT ZONING:	R-1
MINIMUM LOT SIZE:	20,000sq'
MINIMUM FRONTAGE:	100FT
SETBACKS:	
Front YARD:	- 25FT
Side YARD:	- 15FT
REAR YARD:	- 30FT
IMPERVIOUS SURFACES:	30%
DWELLING MAX. HEIGHT:	35/25FT



PLAN TO ACCOMPANY ZONING APPLICATION
 CLASS I LIMITED CONTENT BOUNDARY SURVEY
 PREPARED FOR
MICHAEL LACHAPPELLE
 PROPERTY OF
KENNETH J. ADAMS
 ASSESSORS MAP 24 - LOT 37
 13 OAK STREET
 HOPKINTON, RHODE ISLAND
 SCALE: 1"=40'
 August 5, 2020
 Joseph P. Toscano, Jr., PLS
 PO Box 2131, Westerly, Rhode Island 02891



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

INDIVIDUAL SEWAGE DISPOSAL SYSTEM SECTION
291 PROMENADE STREET
PROVIDENCE, RI 02908

TO: Marilyn Johnson
13 Oak Street
Ashaway, RI 02804

December 16, 1997

SITE INFORMATION

APPLICATION NUMBER: 9714-2255

STREET: 13 Oak Street, Hopkinton, RI

PLAT: 60 LOT: 21,

SUBDIVISION:

SUBDIVISION LOT NO.:

24/37

CERTIFICATE OF CONFORMANCE

This Certificate of Conformance means that the Individual Sewage Disposal System (ISDS), which has been installed under the above application number, appears to substantially conform with the design requirements and other requirements as indicated on the application, and associated plans and specifications. **PERMISSION IS THEREFORE GRANTED FOR UTILIZATION OF THE SEWAGE DISPOSAL SYSTEM.** A copy of this certificate has been forwarded to the building official of the municipality having jurisdiction over the subject site; he/she may issue a Certificate of Occupancy for the building provided all other local requirements have been met. The building official must receive a copy of the Certificate of Conformance prior to his or her issuing a certificate of occupancy for the building or facility to be served by the ISDS.

This Certificate is based upon the representations of the Owner and his/her agents, who are responsible for the proper installation of this system. This Department has approved the ISDS installation in reliance upon those representations and is not responsible for any of the construction, design details, specifications, distances or elevations indicated on the application, plan or specifications.

This approval is subject to future suspension and revocation in the event that: subsequent examination reveals that any of the data indicated on the application, plan or specifications is incorrect or not in compliance with applicable regulations; or the ISDS system discharges sewage to the surface of the ground or to any watercourse, fails to otherwise operate satisfactorily or is altered in a manner which deviates from the terms of the approved application.

Authorized Agent: BRIAN M. MOORE, P.E.

INDIVIDUAL SEWAGE DISPOSAL SYSTEM SECTION

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON CARE AND MAINTENANCE

cc: Building Inspector

PURPOSE: NEW BUILDING CONSTRUCTION ALTERATION OF EXISTING SYSTEM REPAIR TO EXISTING SYSTEM

APPLICATION DATE: 7/18/97

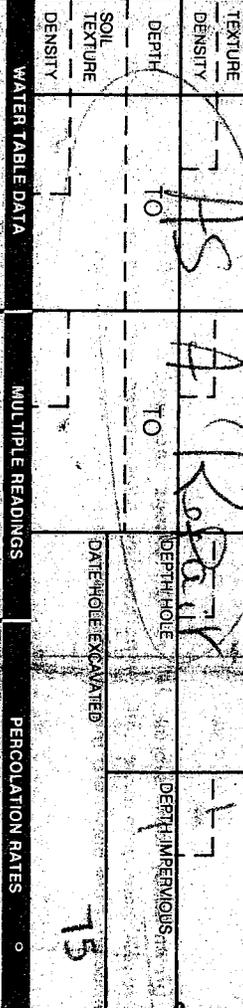
SITE LOCATION: STREET: DEAR ST. CITY/TOWN: DEARBORN MI

PLAT NUMBER: 13
 SUBDIVISION NAME: DEAR ST. SUBDIVISION LOT NUMBER: 21
 LOT SIZE: 15x213
 WETLANDS DETERMINATION REQUEST ATTACHED: YES NO
 REVIEWED BY STATE: YES NO
 WATER SUPPLY: PUBLIC DWELL PRIVATE

OWNER'S NAME: LAST: JOHNSON FIRST: ROBERT
 MAILING ADDRESS: 1300K ST. DEARBORN MI 48104
 CITY/TOWN: DEARBORN MI ZIP CODE: 48104

BUILDING USE: RES
 ANY PREVIOUS APPLICATION FOR THIS SITE? YES NO
 DATE: 02/04/97

NO. DESIGN UNITS: 3
 RECD. TANK SIZE: 1000 GALS
 TYPE SYSTEM: TRENCH CHAMBER BED OTHER: DISH
 DESIGN FLOW: GALLONS PER UNIT: 18 GPM
 TOTAL DAILY FLOW: GALS: 54



DEPTH	TO	FROM	PERCENTAGE
0	TO	TO	TO
1	TO	TO	TO
2	TO	TO	TO
3	TO	TO	TO
4	TO	TO	TO
5	TO	TO	TO

WATER TABLE DATA		MULTIPLE READINGS		PERCOLATION RATES	
DEPTH (A)	DATE	DEPTH (B)	DATE	DEPTH	DATE
1		1			
2		2			
3		3			
4		4			
5		5			

APPROVED FOR REPAIR OF SYSTEM ONLY. NO NEW BUILDING CONSTRUCTION IS ALLOWED UNDER THIS APPROVAL.

DESIGN PERC. RATE: _____ DESIGN APP. RATE: _____
 MINIMUM REQUIRED LEACHING AREA: _____

MEET SEASON/DESIGN: EXPLAIN HOW DETERMINED:
 FEET: 7
 TEST HOLE: Test Hole

The undersigned, hereby certifies that he has conducted certain percolation tests, subject excavations and ground water table elevation determinations on the property identified in and by this application and accompanying forms, submittals, plans and sketches. That said tests have been conducted in accordance with the rules and regulations of the Rhode Island Department of Environmental Management pertaining to individual sewage disposal systems, that he has prepared all of the aforementioned documents; and that all information on this application and accompanying forms, submittals, plans and sketches are true and accurate and represent truthfully and accurately what the information between and the information and designs on the accompanying forms, submittals, plans and sketches purport to represent.

SIGNATURE OF ENGINEER/SURVEYOR: Robert Johnson
 TITLE: Engineer/Surveyor
 REGISTRATION NUMBER: 1522790
 REPRESENTING: DEARBORN SAFE

The Owner certifies that the system will be installed in strict accordance with this application and attached forms, submittals, plans and sketches. The Owner further certifies that he assumes all responsibility for the truth and accuracy of the representations hereon, and on all forms, submittals, plans and sketches attached hereto, and assumes all liability and responsibility for any improper installation of the system on this site, and agrees to hold the Department of Environmental Management harmless from any and all claims against it for any future failure of the system.

TELEPHONE NO.: 317-2055
 OWNER'S SIGNATURE: Robert Johnson
 DISPOSITION OF APPLICATION (ENVIRONMENTAL MANAGEMENT DEPT. USE ONLY)
 THIS APPLICATION ATTACHED PLAN AND SPECIFICATIONS ARE HEREBY:

APPROVED RENEWED TRANSFERRED DENIED SEE ATTACHED SHEET
 PREVIOUS APP. NO. _____

IMPORTANT NOTE: (Circled) ADDITIONAL TERMS OF APPROVAL.
 This approval expires in 1 year. This permit is valid for owner signed above only.
 The discharge of laundry wastes into this system is prohibited.

INSURE 100% AN SEPTIC TANK EXITS.
 PROVIDE INLET AND OUTLET TEES
 PUMP & FILL AND CALLERS PROVIDE WAKE UP
 TO NEAR FIELD.

SIGNATURE OF ENVIRONMENTAL MANAGEMENT DEPT. OFFICIAL: [Signature]
 DATE: 8-14-97
 CONTROL NO. _____

REPAIR PLAN

AP # 60 LOT: 21

SITE ADDRESS: 13 OAK ST

CITY/TOWN: Ashbury

PREPARED FOR: Dr. Lynn Johnson

PREPARED BY: Tom Roney LIC NO 14487

INVERT TABLE:

BUILDING SEWER	INVERT	D-BOX IN	D-BOX OUT	SEPTIC TANK IN	SEPTIC TANK OUT	PUMP IN	PUMP OUT	OTHER
	198.5	196	195.8	197.15	195.8			

CONSTRUCTION NOTES: (Circle Notes Applicable to the site)

- 1) MAINTAIN INVERT ELEVATION 95.8 FOR 15 FT. AROUND SYSTEM.
- 2) CLEAR ALL TREES AND STUMPS WITHIN 10 FT. OF THE SYSTEM.
- 3) ALL EXISTING WELLS WITHIN 100 FT. OF PROPOSED SYSTEM SHOWN ON PLANS.
- 4) ALL EXISTING SYSTEMS WITHIN 100 FT. OF PROPOSED WELL SHOWN ON PLANS.
- 5) INSTALL SDR 35 OR EQUAL PIPING THROUGHOUT SYSTEM.
- 6) MANHOLE ON SEPTIC TANK TO BE BROUGHT UP TO FINISHED GRADE.
- 7) D-BOX SHALL BE CAPABLE OF WITHSTANDING H-20 WHEEL LOADS AND MUST HAVE A MINIMUM BOTTOM AREA OF 3 S.F. NO SUBSURFACE DRAINAGE TO BE EXISTING OR INSTALLED WITHIN 25 FT. OF SYSTEM.
- 9) ALL EXISTING DRAINAGE WITHIN 50 FT. OF SYSTEM SHOWN ON PLANS.
- 10) ALL EXISTING PUBLIC WELLS WITHIN 400 FT. OF SITE SHOWN ON PLANS.

ADDITIONAL NOTES:

18 ELGIN UNITS
12 1/2 Gravel under around
UNITS

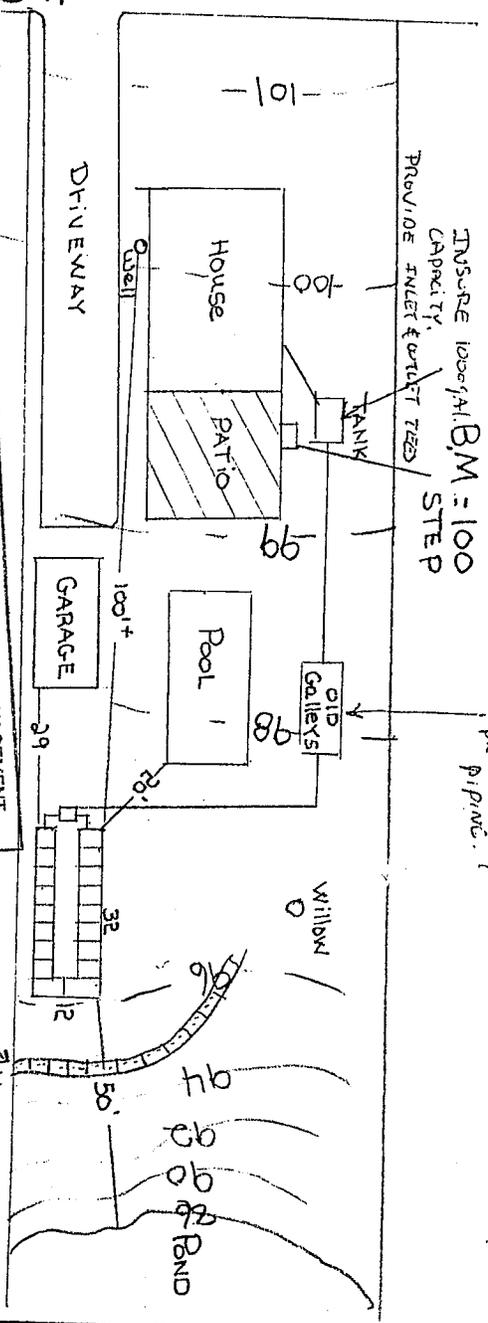
RECEIVED
ENVIRONMENTAL RESOURCES
OFFICE OF WATER RESOURCES
APR - 7 1997

APPROVED FOR REPAIR OF SYSTEM
ONLY. NO NEW BUILDING CONSTRUCTION
IS ALLOWED UNDER THIS APPROVAL.

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF GROUNDWATER & ISDS
ISDS SECTION
PLAN # 9714-2255 DATE 8-14-97
APPROVED *Chris Mullan*
NO CHANGES ALLOWED WITHOUT PRIOR APPROVAL
APPROVED PLANS MUST BE
KEPT AT CONSTRUCTION SITE

SITE PLAN
SCALE: 1" = 30'

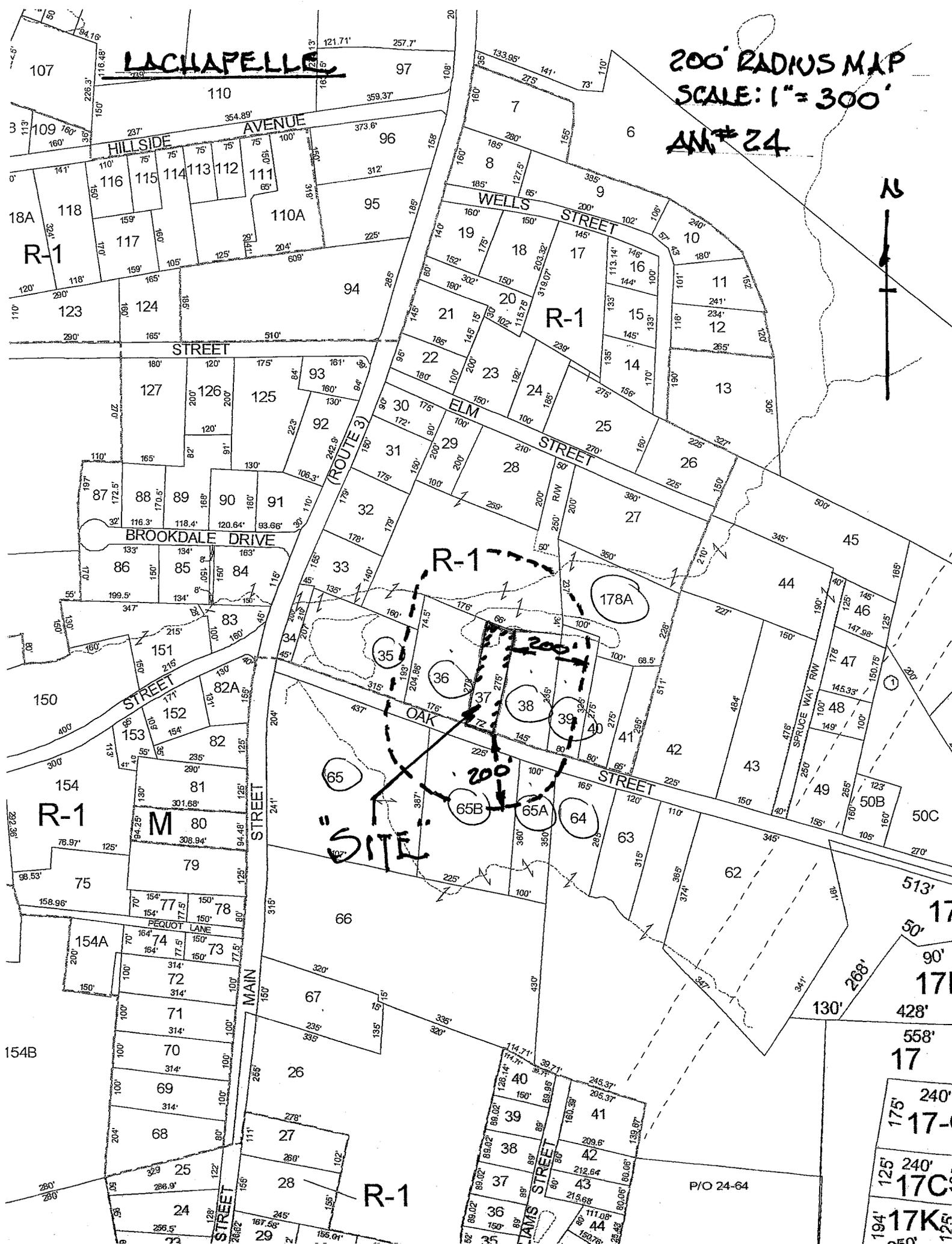
- ⊙ - TEST HOLE
- W— WATER LINE
- D- DRAIN LINE
- ⊙ - WELL
- - EXISTING SYSTEM
- X— EXISTING SPOT GRADE
- X— PROPOSED SPOT GRADE



OAK ST.
POLE #5

LACHAPELLE

200' RADIUS MAP
SCALE: 1" = 300'
ANN # 24



"SITE"

R-1

R-1

R-1

M

R-1

P/O 24-64

175' 240'
17-1

125' 240'
17C

194' 17K

Abutting Properties for
13 OAK ST HOPKINTON, RI 02833
024/ 000/ 00037/ /
(200 feet)

Location:
024/ 000/ 00035/ /
7 OAK ST
Owner:
ROBERTSON, DALE + CHRISTINE F
7 OAK ST
ASHAWAY, RI 02804-2210

Location:
024/ 000/ 00038/ /
15 OAK ST
Owner:
SPEARS, CASSIUS
15 OAK ST
ASHAWAY, RI 02804-2210

Location:
024/ 000/ 00065/ /
130 MAIN ST
Owner:
ROSS, CAROLEE IRR TRUST
C/O ROSS, CAROLEE - TTEE
130 MAIN ST
ASHAWAY, RI 02804-2231

Location:
024/ 000/ 0178A/ /
0 MAIN ST
Owner:
BROCCOLO, ROBERT J SR + MARIA C
PO BOX 45
BRADFORD, RI 02808-0045

Location:
024/ 000/ 00036/ /
9 OAK ST
Owner:
POSILLO, MARY T
66 ELM STREET, UNIT 9
WESTERLY, RI 02891

Location:
024/ 000/ 00039/ /
17 OAK ST
Owner:
BABULA, KATHERINE M
17 OAK ST
ASHAWAY, RI 02804-2210

Location:
024/ 000/ 0065A/ /
16 OAK ST
Owner:
CLARK, SANDRA R 2018 FAMILY TRUST
16 OAK STREET
ASHAWAY, RI 02804-2207

Location:
024/ 000/ 00037/ /
13 OAK ST
Owner:
ADAMS, KENNETH J
13 OAK ST
ASHAWAY, RI 02804

Location:
024/ 000/ 00064/ /
20 OAK ST
Owner:
SHAW, RALPH E + JOAN S
20 OAK ST
ASHAWAY, RI 02804-2207

Location:
024/ 000/ 0065B/ /
12 OAK ST
Owner:
TAYLOR, ALEXANDER G +
NICOLE ELIZABETH
12 OAK ST
ASHAWAY, RI 02804-2207

* Map 24 Lot 28
Cotten Revocable trust
10 ELM ST.
Ashaway RI 02804-2102



ENGINEERING, INC.

July 29, 2020

Mr. Michael LaChapelle
PO Box 1403
Westerly, RI 02891

RE: 13 Oak St
Hopkinton, RI

Dear Mr. LaChapelle:

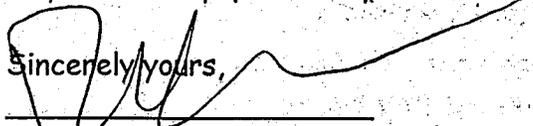
On July 28, 2020 RP Engineering conducted a visual structural inspection of the single car, wood framed garage on the above referenced property. The following are my comments:

Your intent was to add a second story to the building. A total of two exploratory holes were excavated on opposite sides of the building to investigate the competency of the foundation. The left side foundation consists of a subgrade stone and mortar footing which is approximately two feet deep and one foot below grade. A six inch wide concrete wall was constructed on the footing and extends slightly above grade. The right side of the building is supported by a six wide concrete wall which extends approximately two feet above grade but appears to be poured on grade with no footing.

The foundation is inadequate to support any additions and does not meet code for either width or depth below grade. I recommend that the building and foundation be removed and replaced with a 12" wide concrete foundation which extends 42" below grade.

If you have any questions please contact me at your convenience. Thank you.

Sincerely yours,


Richard L. Pastore, PE
President

**Town of Hopkinton
Zoning Board of Review**

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

Ladies and 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 if the Hopkinton Zoning Ordinance affecting the following described premises un the manner and on the grounds of hereinafter forth.

Names:

Applicant: Michael Lachapelle	Address: 13 Oak St.
Owner: Kenneth Adams	Address:
Lessee: N/A	Address: N/A

2. Location of Premises: 13 Oak st.

3. Plat: 24 Lot:37. Zoning District: R-1

911 address: 13 Oak st.

4. Dimensions of Lot:

Frontage: 66ft Depth: 228.26 ft Area: .46 Acres

5. Present use of Premises:

Detached 12 x 32 Garage for storage.
This garage does have active electricity.

6. Proposed use of Premises:

Detached 12 x 32 Garage with a 12 x 32 second floor addition added.

7. Is there a building on the premises at present?

Yes there is an existing detached garage 12 x 32

8. How long have you owned the premises?

Michael Lachapelle -Jan, 19th 2019 – Oct. 10, 2019

Kenneth Adams- Oct. 10th 2019 – Current

Michael Lachapelle plans to buy back house within 1 years time

9. Have you submitted a plan to the Building and Zoning inspector?

No, I'm waiting for Zoning Board Review Approval, but I do have plans drawn up already and it is ready to be submitted.

10. Please give the size of all existing buildings and accessory structures.

Single family house 1655sq ft

Detached garage 12 x 32

11. Please give the size (in feet) of all proposed buildings and accessory structures.

Detached garage 12 x 32 with an additional second floor 12 x 32

12. Describe the extent of proposed alterations

For this project we will be knocking down the existing garage because the original foundation is not up to code to hold a second floor. We will then be pouring a new foundation 12 x 32 and rebuilding a garage with an added second floor not to exceed a 25ft height of the building.

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

The garage and added second floor will be a storage use only area.

14. Indicate the provision or regulation of the Hopkinton Zoning Ordinance under which application for Special Use Permit is made.

Section 8 "c" addition enlargement expansion replacement, or intensification of a non conforming development

15. Clearly state the grounds for which the special use permit is sought.

Pre existing non conforming lot parcel & structure

16. Request a waiver. Please indicate the checklist items that are requested to be waived by the zoning board and the reasons for the request.

C. We are asking for a waiver for Soil erosion and storm water control plan

D. We are asking for a waiver for a biologist letter.
We are using the same footprint as the current garage.

E. Septic is located. The garage will have no plumbing.

F. Asking to waive the traffic study.

G. waived please

H. N/A

Waive please MK

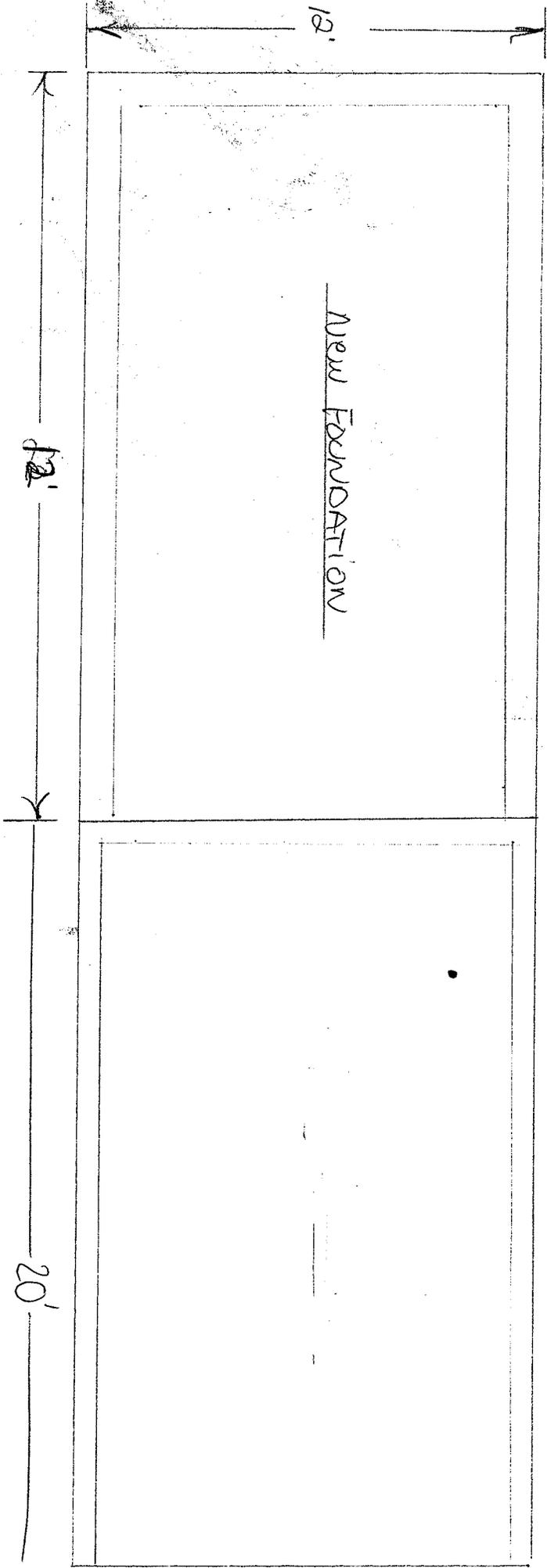
Signature:



Signature:

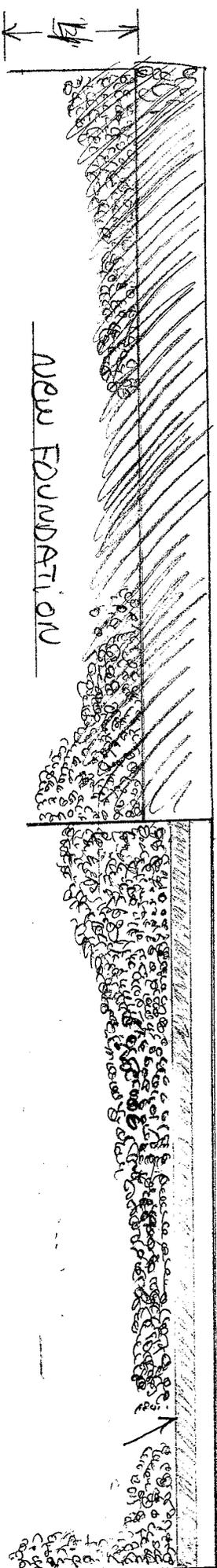
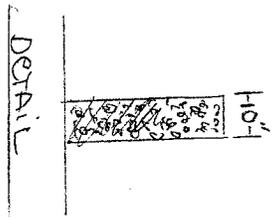
Address: 13 Oak st. Ashway 02804

Phone Number: 401 207 2272



FOUNDATION PLAN

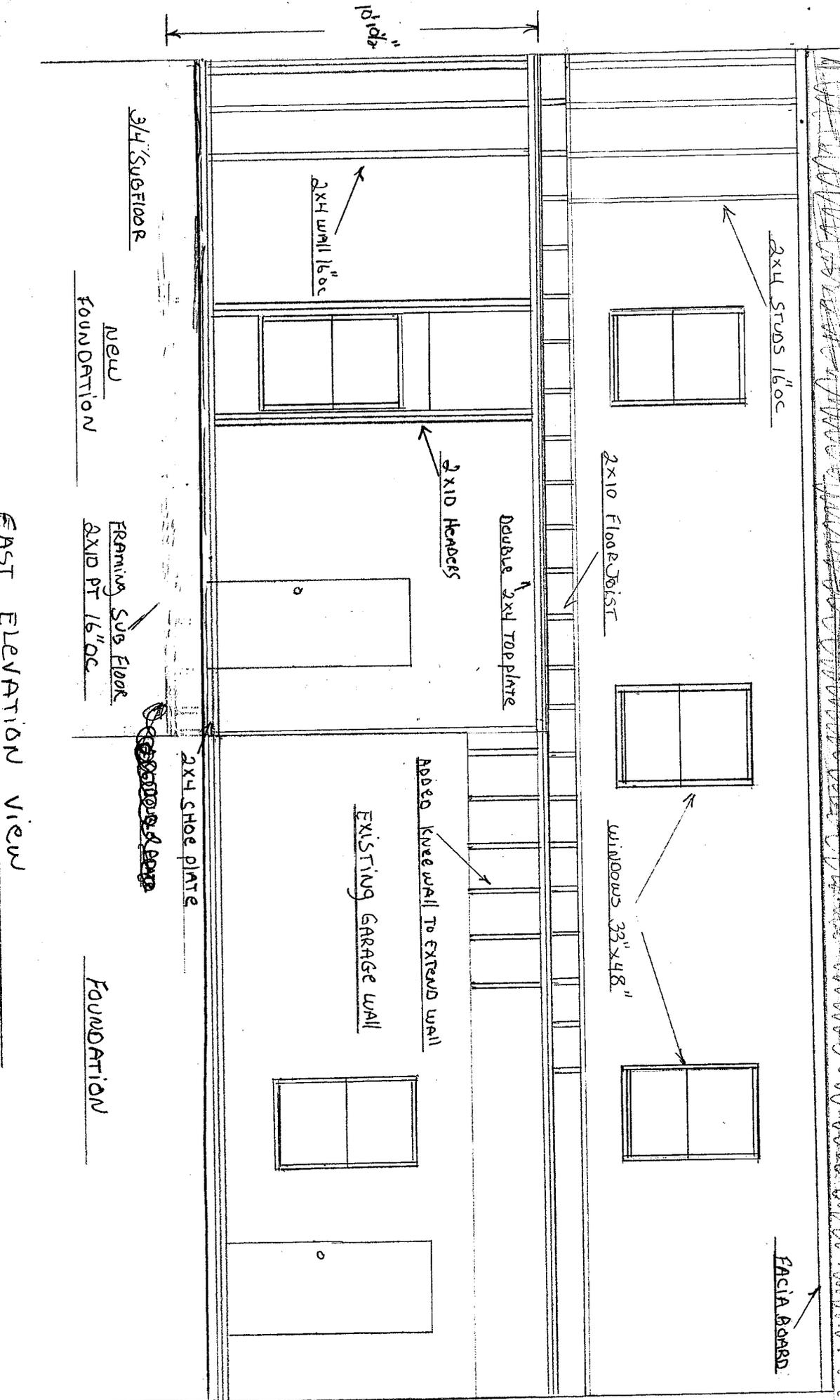
LACHAPPELLE
SCALE 1/4" = 1'
FOUNDATION PLAN



NEW FOUNDATION

ELEVATION VIEW

LACHEPelle
SCALE 1/4" = 1'
FOUNDATION / WALL

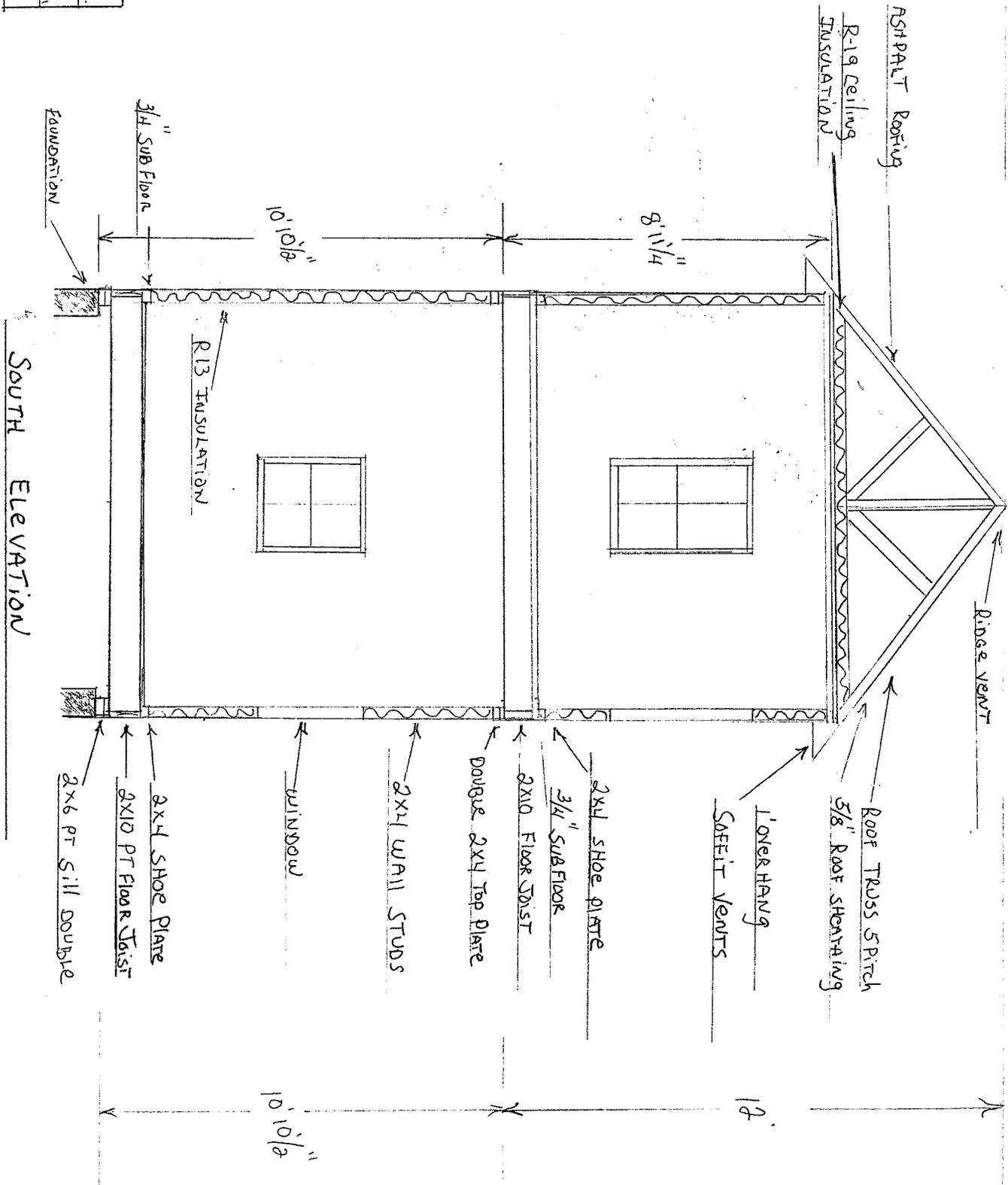


LACHAPPELLE,
 SCALE 1/4" = 1'
 EAST ELEVATION

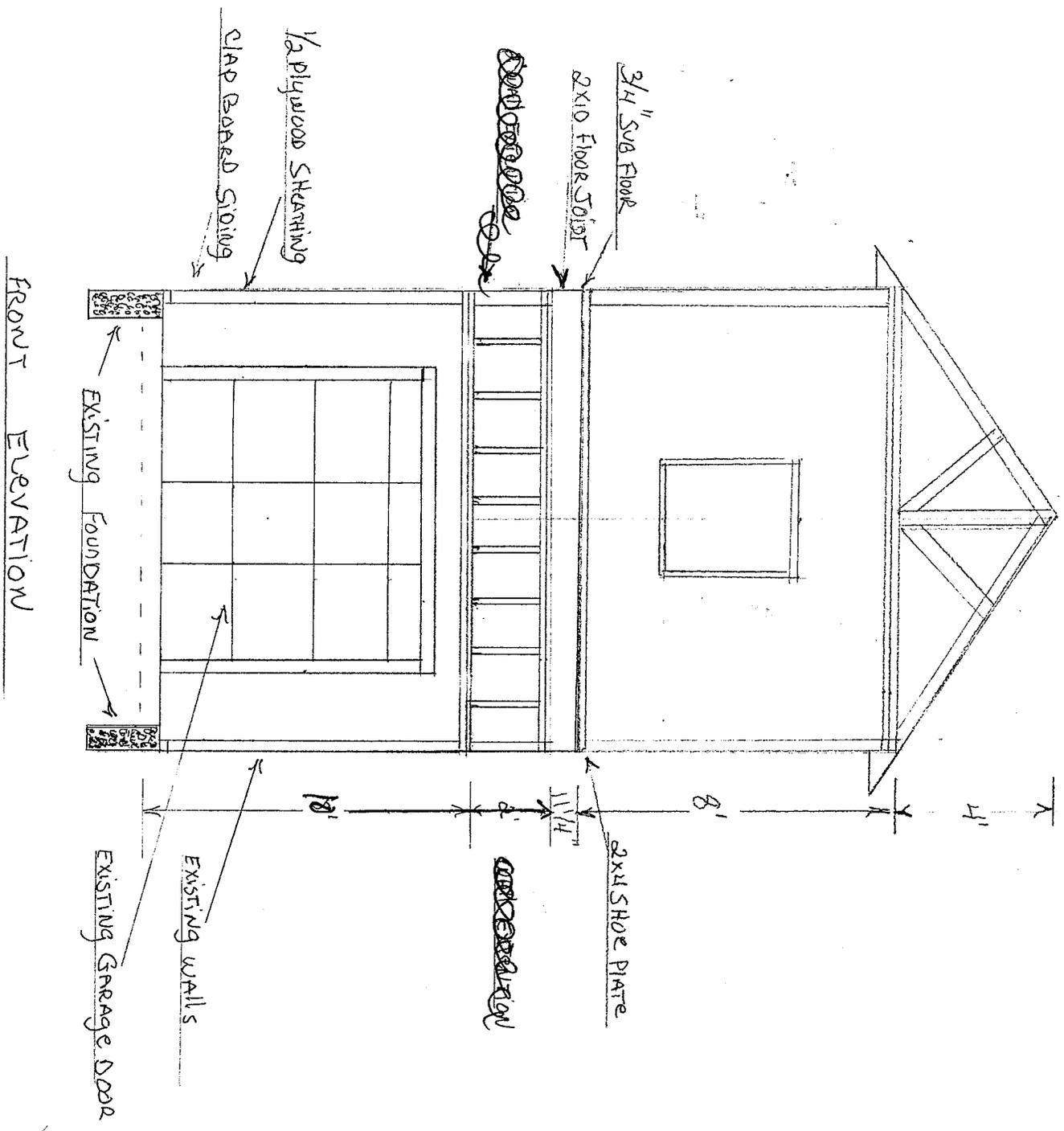
EAST ELEVATION VIEW

FRAMING

LACHEPELLE
1/4" ± 1'
SOUTH ELEVATION



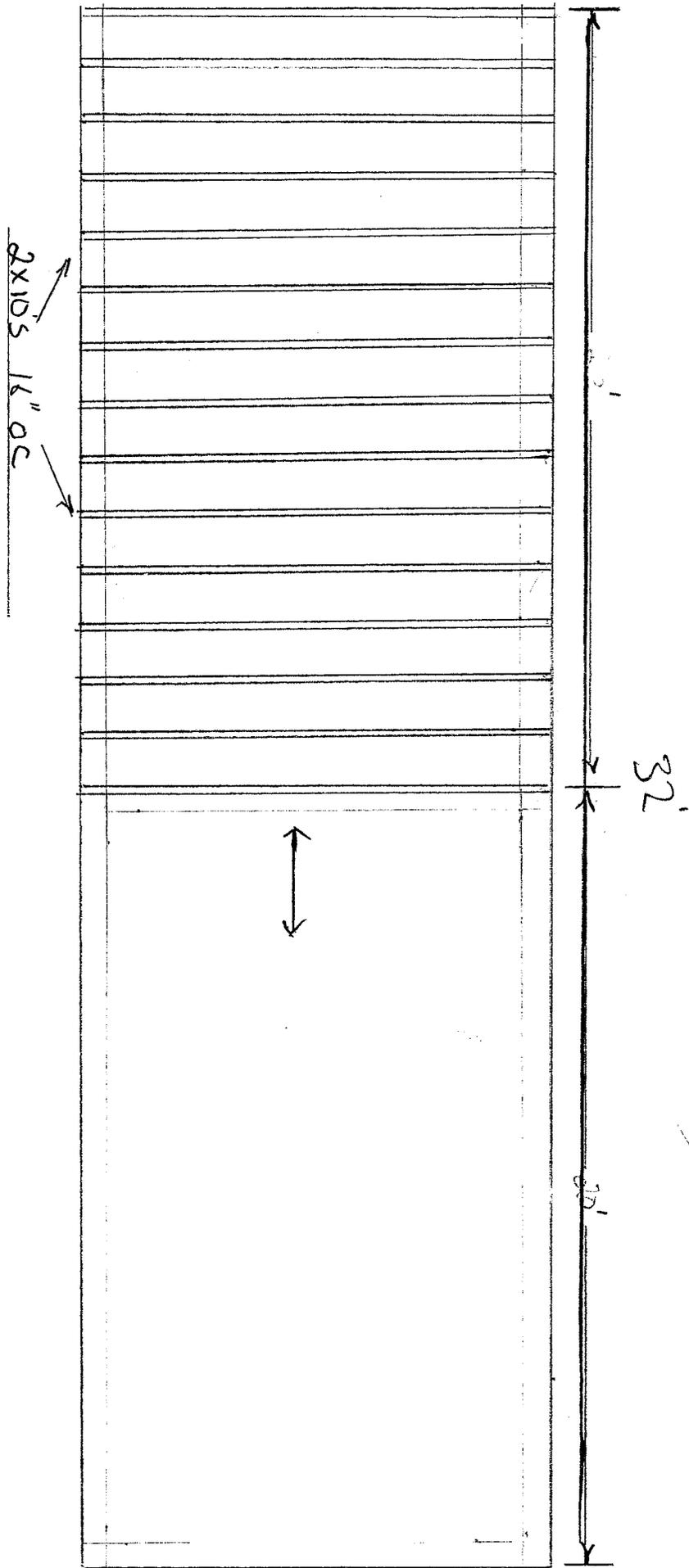
LACHEPOTTE
 SCALE 1/4" = 1'
 FRONT ELEVATION



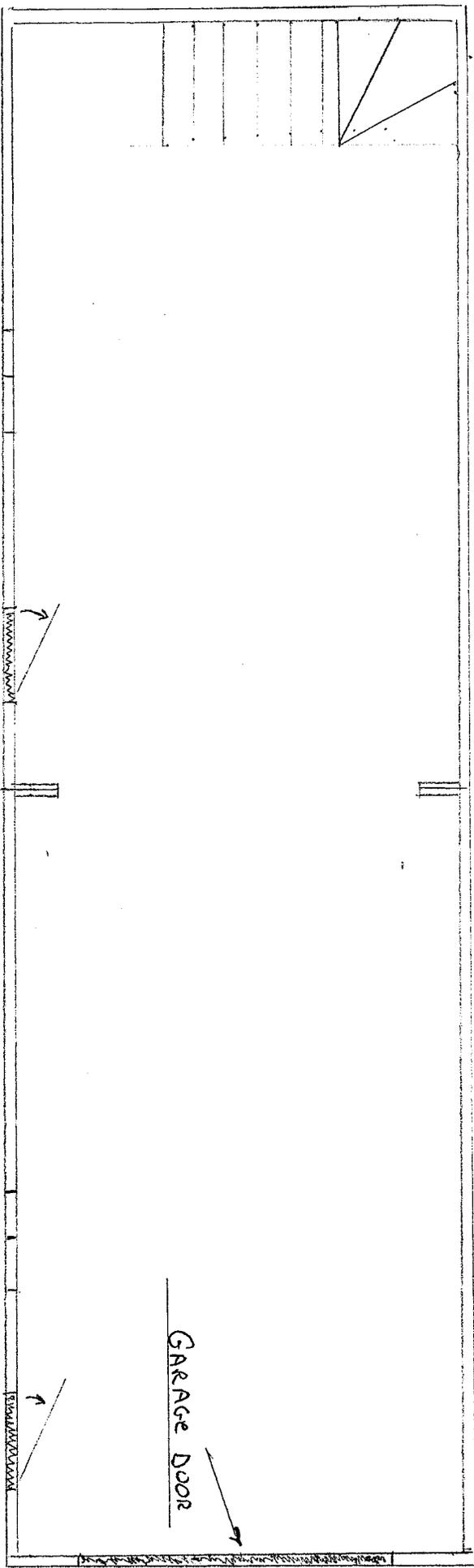
FRONT ELEVATION

ROCHEPELLE
1/4" = 1'
PLAN VIEW

PLAN VIEW FIRST FLOOR FRAMING PLAN

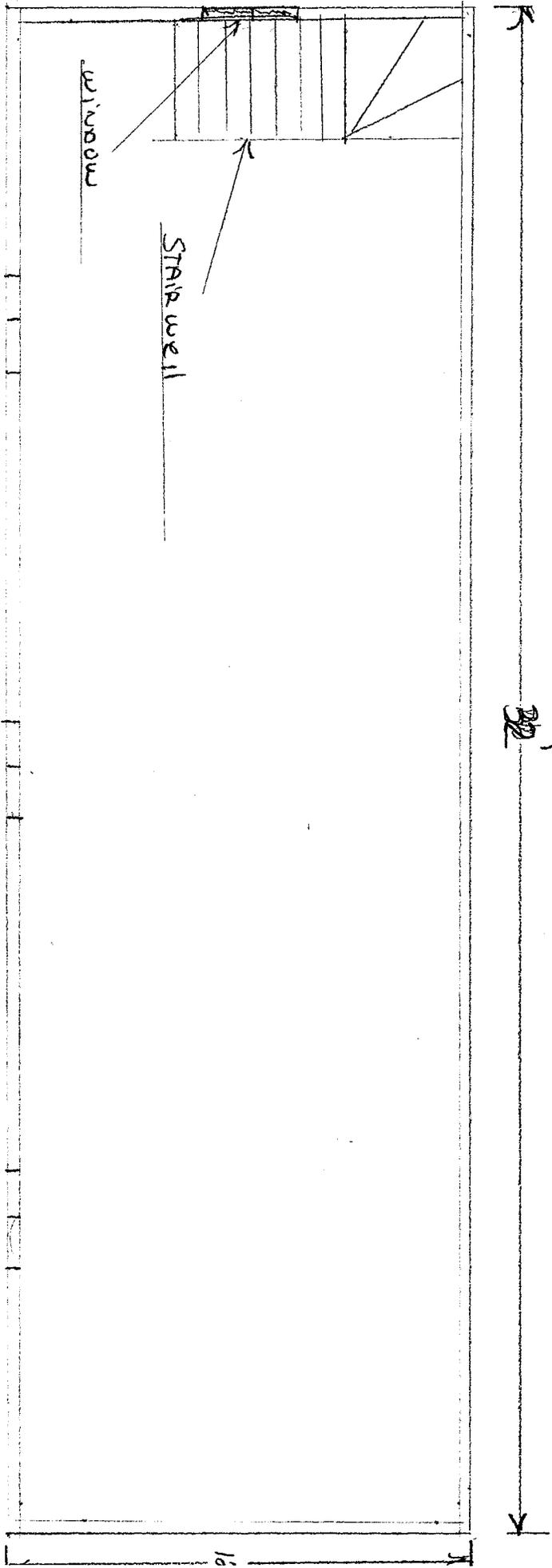


Total 32'



FIRST FLOOR PLAN VIEW

LACHE PELL
1/4" = 1'
PLAN VIEW



Second Floor Plan

LACHPELLE
1/4" = 1'
Second Floor