

NUMBER  
 Plat 14  
 Lot 47A

**ZONING CERTIFICATE**  
**TOWN OF HOPKINTON**  
 BUILDING / ZONING DEPARTMENT  
 ONE TOWN HOUSE ROAD  
 HOPKINTON, RI 02833

FEE PAID  
 \$5.00  
 Cash  
 Check  
 No. 32

DATE RECEIVED March 3, 20 21

APPLICANT'S NAME Wood River Health Services

APPLICANT'S ADDRESS 823 Main Street, Hopkinton, RI 02832

acroke@wrhsri.org

PHONE ( ) LOCATION ADDRESS 823 Main Street, Hopkinton, RI 02832

INTENDED USE     EXISTING USE    (Check One)

Describe. Please Be Specific.  
Existing site use is a medical building that provides medical, dental, and social  
services to the surrounding community. An approximately 4,800 gross square-  
foot, two-story building addition is proposed and will include space for  
additional clinical areas as well as administrative space including offices and  
meeting rooms. Other proposed improvements include an expanded parking lot,  
landscaping, and stormwater management.

(Continue on back if necessary)

	REQUIRED:		STATUS:	
	YES	NO	APPLIED FOR	GRANTED
Special Use Permit	<u>X</u>	_____	_____	_____
Use Variance	_____	<u>X</u>	_____	_____
Dimensional Variance Modification	_____	<u>X</u>	_____	_____
Development Plan Review	<u>X</u>	_____	_____	_____

PROPERTY IS LOCATED IN ZONING DISTRICT     R-1     RFR-80     NB     C     M    Other: RS

IS  INTENDED.  EXISTING USE PERMITTED IN THIS DISTRICT? (Check One)  YES

I certify that the  intended  existing (check one) use of the property is fully described and agree it is the only use for which certification is requested.

The  intended  existing (check one) use of the property is in accordance with provisions of the Hopkinton Zoning Ordinance.

[Signature]  
 APPLICANT'S SIGNATURE

[Signature]  
 ZONING OFFICIAL'S SIGNATURE

DATE 12 March 20 21