

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. _____

DATE RECEIVED March 3, 2021

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.

APPLICANT'S SIGNATURE

ZONING OFFICIAL'S SIGNATURE

DATE 12 March 2021