

paul a. azzinaro, a.i.a., architects

i n c o r p o r a t e d

85 beach street
westerly, rhode island, 02891

December 9, 1998

Hopkinton Zoning Board of Review

Town Hall
1 Town House Road
Hopkinton, Rhode Island 02833

RE: Wood River Health Services, Inc.

Special Use Permit,
Waiver Requests.

Dear Mr. Chairman and Zoning Board Members,

On behalf of Wood River Health Services, Inc. we would like to request, that the following items be considered as a waiver to the Special Use Permit Application. This document outlines the rationale for such a request. Those specific items as they appear on the Special Use Permit application are as follows:

Item C:

Soil erosion and stormwater control plan

Site, at present, is completely developed with no evidence of soil erosion. The new addition will have minor grade alterations (within 1'-0) and will have no relative impact to soil erosion and stormwater control. The new impervious material created is insignificant and discharge will not be altered. The parking area in question, at present, will not be altered and presently maintains its own stormwater control on site.

Item D:

Letter from a biologist

There are no freshwater wetlands in the immediate proximity of the proposed addition. Site plans have been developed and prepared by Professional Engineers throughout the course of events, and changes that have taken place over the years. The location in which the addition is planned is already graded with loam and seed. A letter from a biologist, would seem to be a mute issue.

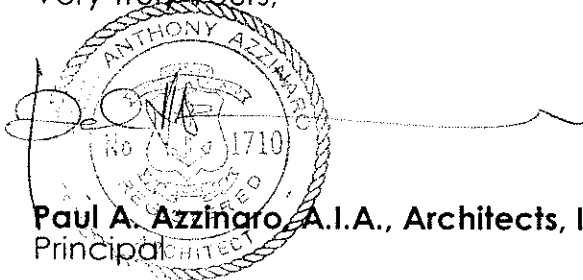
Item F:

Traffic Study

The proposed addition as compared to the existing facility will have no adverse impact on traffic, whatsoever, nor will it hinder or be an inconvenience to the existing traffic patterns. The initial parking area planned, as it exists today, exceeds the required parking spaces needed for its present and proposed addition. The access road as originally designed now has a secondary ingress/egress onto Route 3 (Main Street). One now has the option to turn right or left out of the parking area. Site visibility entering and exiting the access roads are very good, and the distance to the nearest intersection is a safe condition.

We are available anytime if you should have any questions and/or concerns. Please call anytime.

Very Truly Yours,



A handwritten signature in black ink, appearing to read "Paul A. Azzinaro", is written over a circular professional seal. The seal features a central emblem with a scale and a sword, surrounded by the text "ANTHONY AZZINARO" at the top and "REGISTERED ARCHITECT" at the bottom. The number "1710" is also visible within the seal.

Paul A. Azzinaro, A.I.A., Architects, Inc.
Principal

Rhode Island Registered Architect
1710
National Council of Architectural
Registration Boards
38,289

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: WOOD RIVER HEALTH SERVICES, INC. Address: 823 MAIN STREET, HOPE VALLEY
Owner: SAME AS ABOVE Address: SAME AS ABOVE
Lessee: N/A Address: N/A

1. Filing Instructions:

- 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.
- 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.
- 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: 823 MAIN STREET, HOPE VALLEY, RHODE ISLAND
(Name of Street or Road)

3. Plat(s) 14 Lots(s) 47A Zoning District(s) RS

911 Address: 823 MAIN STREET, HOPE VALLEY

4. Dimensions of Lot: 1028 feet by DEPTH VARIES SEE SITE PLAN ENCLOSED feet Area: 39.45 ACRES
(Frontage) (Depth) (Square Ft. or Acres)

5. State present use of premises: HEALTH SERVICES

6. State proposed use of premises: HEALTH SERVICES

7. Is there a building(s) on the premises at present? YES

8. How long have you owned the premises? 20 YEARS
State year which lot(s) were platted and recorded: 1976

9. Have you submitted plans to the Building & Zoning Inspector? NO
Has a permit been refused? NO
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:
9,622 SQUARE FEET

11. Please give the size (in feet) of all proposed buildings and accessory structures:
(28'-0" X 52'-0") 1,456 SQUARE FEET

12. Please describe the extent of the proposed alterations:

TO CONSTRUCT A 28'-0 x 52'-0 ADDITION TO THE SOUTHWEST CORNER OF THE EXISTING BUILDING. THE ADDITION IS TO INCLUDE (6) SIX EXAM ROOMS, (1) ONE ANDROLOGY ROOM AND OFFICE SPACE

13. Please indicate the number of families which building is to be arranged? 0

14. Indicate the provision or regulation of the Hopkinton Zoning Ordinance under which application for SPECIAL USE PERMIT is made: CHAPTER 134, SECTION 10. SPECIAL

USE PERMIT

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

WE ARE PROPOSING TO EXPAND ON A FACILITY WHICH IS CONSIDERED A NON-CONFORMING USE. IF SPECIAL USE PERMIT IS GRANTED, WILL NOT AMOUNT TO MORE THAN A MERE INCONVENIENCE FOR THE BENEFICIAL USE OF THE PROPERTY. STRUCTURE WOULD NOT CREATE A NUISANCE, WOULD BE COMPATIBLE WITH ITS NEIGHBORING USES AND WILL NOT HINDER FUTURE DEVELOPMENT.

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. CHECKLIST ITEMS THAT ARE REQUESTED TO BE

- WAIVED ARE: C. SOIL EROSION AND STORMWATER CONTROL PLAN
- D. LETTER FROM A BIOLOGIST
- F. TRAFFIC STUDY

SEE ATTACHED SHEET FOR REASONS FOR THE REQUEST

Respectfully submitted,

Signature

Ernest A. Balasco

Name

MR. ERNEST A. BALASCO, EXEC. DIRECTOR

Address

WOOD RIVER HEALTH SERVICES, INC.

Phone Number

PAUL A. AZZINARO A.I.A. ARCHITECTS 596-6669

paul a. azzinaro, a.i.a., architects

i n c o r p o r a t e d

85 beach street
westerly, rhode island, 02891

December 8, 1998

Wood River Health Services, Inc.
823 Main Street
Hope Valley, Rhode Island 02832-1915

**RE: List of Abutters
Plat # 14, Lot # 47A**

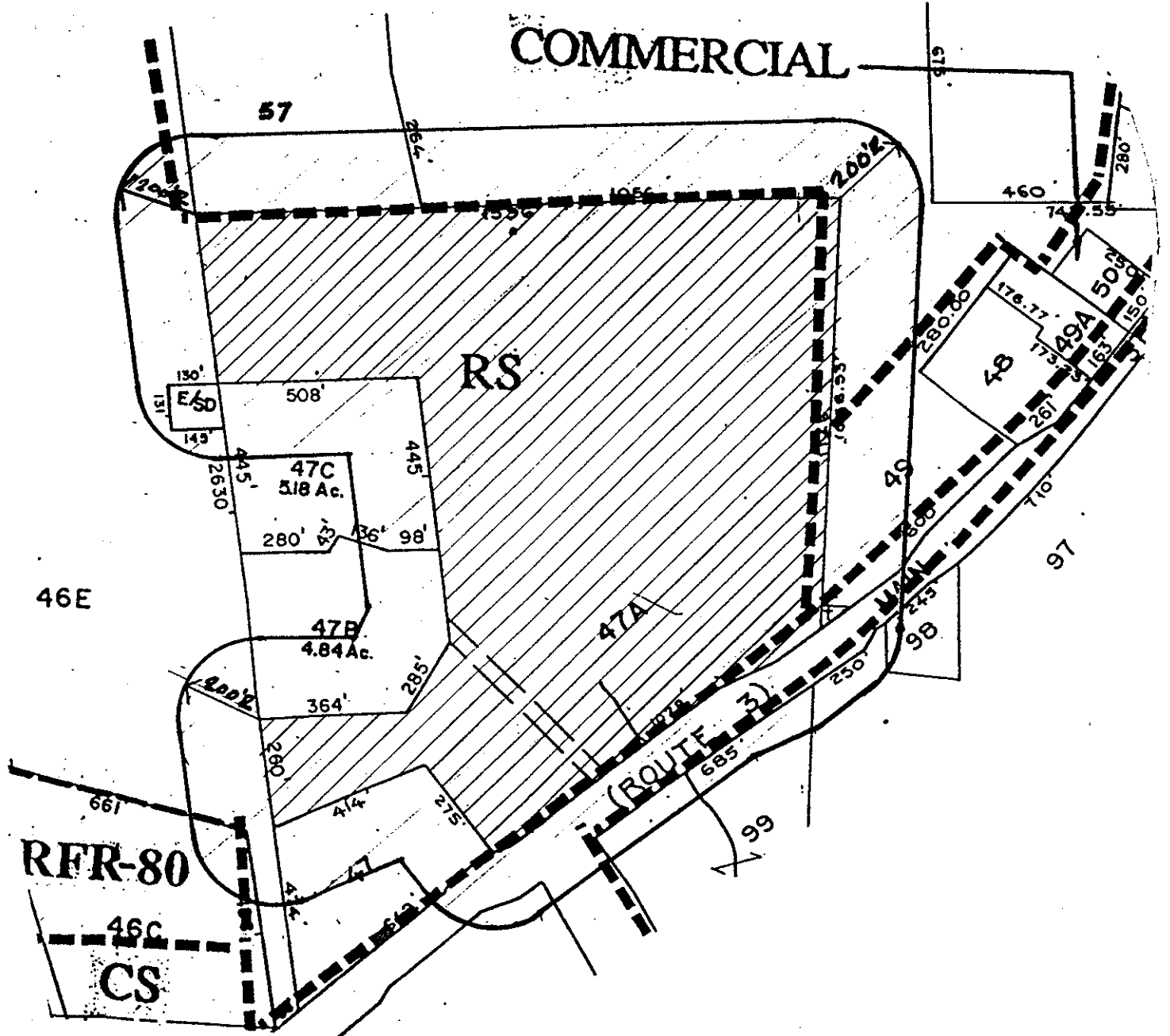
plat / lot	owner / address
14 / 46C	Joyland Park P.O. Box 267 Ashaway, R.I. 02804
14 / 46E	Hopkinton Village, Inc. c/o Canning Management 406 Pontiac Ave. Cranston, R.I. 02910
14 / 47	Roland G. and Marion J. Bowley 813 Main Street Hope Valley, R.I. 02832
14 / 47B	Hopkinton Housing Association, Inc. c/o Canning Management 406 Pontiac Ave. Cranston, R.I. 02910
14 / 47C	Canonchet Hills Limited Partnership c/o R.I. Housing, Debra Paulhos 44 Washington Street Providence, R.I. 02903-1721
14 / 49	John A. and Diane A. Gilman Arcadia Road P.O. Box 488 Hope Valley, R.I. 02832
14 / 57	Warren E. and Evelyn A. Mott 19A Canonchet Driftway Hope Valley, R.I. 02832

plat/lot	owner/address
14 / 97	United Builders Supply Oak Street Westerly, R.I. 02891
14 / 98	Jack C. and Debra L. Ordnor 844 Main Street Hope Valley, R.I. 02832
14 / 99	Katherine E. Burdick P.O. Box 151 Hope Valley, R.I. 02832

This completes the list of property owners within a 200' distance from the above referenced property.


Christopher M. Ladd, Assoc. A.I.A.
Architect Associate

COMMERCIAL



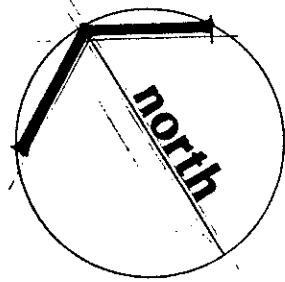
200' Abbutters

Zone: RS

Plat: 14

Lot: 47A

Scale: 1"=400'



Zone: RS

Plat: #14

Lot: #47A

ZONING REQUIREMENTS

	Required	Existing	Proposed
Front Setback	60.0'	113.0'	87.0'
Rear Setback			
Side (r) Setback			
Side (l) Setback	40.0'	91.5'	88.0'
Parking Provided	60	66	

Ernest Balasco, Executive Director
Wood River Health Services, Inc.
823 Main Street
Hope Valley, RT 02832

Plat 14 Lot 47A

January 21, 1999

RS Zone

NOTICE

A MOTION WAS MADE BY THURMAN SILKS AND SECONDED BY PETER STEVENS TO GRANT THE SPECIAL USE PERMIT FILED BY ERNEST BALASCO, EXECUTIVE DIRECTOR FOR WOOD RIVER HEALTH SERVICES, INC. OF 823 MAIN STREET, HOPE VALLEY, RT 02832 FOR PROPERTY LOCATED AT 823 MAIN STREET AND IDENTIFIED ON ASSESSOR'S MAP 14 AS LOT 47A, AN RS ZONE, FOR THE CONSTRUCTION OF A 29 FOOT BY 52 FOOT ADDITION TO THE SOUTHWEST CORNER OF THE EXISTING BUILDING TO INCLUDE SIX EXAM ROOMS, ONE AUDIOLOGY ROOM AND OFFICE SPACE SINCE THE ZONING BOARD IS SATISFIED THAT THE PROPOSED USES AND/OR STRUCTURE: WILL BE COMPATIBLE WITH THE NEIGHBORING USES AND WILL NOT ADVERSELY AFFECT THE SURROUNDING NEIGHBORS' USE AND ENJOYMENT OF THEIR PROPERTY; WILL BE ENVIRONMENTALLY COMPATIBLE WITH NEIGHBORING PROPERTIES AND THE PROTECTION OF PROPERTY VALUES; WILL BE COMPATIBLE WITH THE ORDERLY GROWTH AND DEVELOPMENT OF THE TOWN; WILL NOT BE ENVIRONMENTALLY DETRIMENTAL THEREWITH; THAT ALL BEST PRACTICES AND PROCEDURES TO MINIMIZE THE POSSIBILITY OF ANY ADVERSE EFFECTS ON NEIGHBORING PROPERTY, THE TOWN, AND THE ENVIRONMENT HAVE BEEN CONSIDERED AND WILL BE EMPLOYED, INCLUDING BUT NOT LIMITED TO CONSIDERATIONS OF SOIL EROSION, WATER SUPPLY PROTECTION, SEPTIC DISPOSAL, WETLAND PROTECTION, TRAFFIC LIMITATION, SAFETY AND CIRCULATION; THAT THE PURPOSE OF THIS ORDINANCE AS SET FORTH IN THE COMPREHENSIVE PLAN, SHALL BE SERVED BY SAID SPECIAL USE PERMIT AND IS SUBJECT TO THE FOLLOWING

CONDITION BEING IMPOSED AS ALLOWED UNDER SECTION 11:
THAT THE ADDITION OF A TWO HOUR FIRE WALL SEPARATION BE
CONSTRUCTED BETWEEN THE ADDITION AND THE EXISTING
STRUCTURE.

IN FAVOR: Algieri, Stevens, Schaffer, Silks, Gilman.

OPPOSED: None

SO VOTED

RECEIVED FOR RECORD
HOPKINTON, RI 2-19-99
AT 3:45 O'CLOCK P.M., AND
RECORDED IN BOOK NO 294
PAGE 138 OF THE LAND
EVIDENCE RECORDS

Elizabeth J. Cook-Martin

WITNESS TOWN CLERK