

**FOR STAFF USE:**

Application No.: \_\_\_\_\_

Proposed Development Name: \_\_\_\_\_

Stage of Review: \_\_\_\_\_



## **Town of Barrington Application for Comprehensive Permit**

Pursuant to the and [Title 45, Chapter 53](#) of the R. I. Gen. Laws; the R.I. Low & Moderate Income Housing Act , Zoning Ordinance ([Article XXVI](#)), and Land Development & Subdivision Regulations ([Article XVI](#))

*Please see appropriate checklist for submission requirements and current fee schedule ([Ch.A225](#)). The application, payment, and completed checklist shall be submitted to begin processing the application.*

### **FILING INSTRUCTIONS**

A. **Requirements.** The original application, general submission requirements (listed below), and other requirements as outlined in the appropriate checklist (see item B), either typed or legibly printed, together with all supporting documents must be filed with the Administrative Officer in accordance with Chapter 185, Article XXVI of the Town Code, the Zoning Ordinance.

- 1) A **letter of eligibility** issued by the Rhode Island Housing Mortgage Finance Corporation, or in the case of projects primarily funded by the U.S. Department of Housing and Urban Development or other state or federal agencies, an award letter indicating the subsidy or application in such form as may be prescribed for a municipal government subsidy
- 2) A **letter** signed by the authorized representative of the applicant, **setting forth the specific sections and provisions of applicable local ordinances** and regulations from which the applicant is seeking adjustments.
- 3) A **proposed timetable** for the commencement of construction and completion of the project;
- 4) Those **items included in the checklist for preliminary plan review** in the Land Development and Subdivision Regulations, § 200-1 et seq., except for evidence of state or federal permits.

**PLEASE NOTE:** Notwithstanding the submission requirements set forth above, the permitting authority may request additional, reasonable documentation throughout the public hearing, including, but not limited to, opinions of experts, credible evidence of application for necessary federal and or state permits, and advice from other local boards and officials.

B. **Submission Requirements Specific to Applications Based Upon Their Classification.**

In addition to the items above, submission requirements shall include the following items based on the classification of the application as determined by the Administrative Officer. All required state and federal permits must be obtained prior to recording of the approved plan and/or the issuance of a building permit.

- For applications **seeking relief from specific provisions of the zoning ordinance or other ordinances and regulations and not involving a subdivision**, those items ordinarily required by those ordinances or regulations, including but not limited to, see Development Plan Review checklist (Attachment 3).
- For applications **which include an Administrative Subdivision**, see Subdivision checklist (Attachment 2).
- For applications **which include a subdivision (major or minor)**, see Subdivision checklist (Attachment 2).
- For applications **which include a land development project (major or minor)**, see Land Development Checklist (Attachment 3).

C. **All required checklist items shall accompany the application before the application is certified as complete by the Administrative Officer.**

## **NAMES AND ADDRESSES**

*(Type or Print)*

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

If a corporation: \_\_\_\_\_ business or \_\_\_\_\_ non-profit; *(applicant must provide proof of incorporation and non-profit status)*

**Property Owner (if different from the Applicant):** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Lessee (if different from the Applicant):** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

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Stage of Review: \_\_\_\_\_



**ELIGIBILITY**

*(Type or Print)*

Is the applicant a public agency,  
nonprofit organization or limited  
equity housing cooperative?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**OR**

Is the applicant a private developer  
who will commit to a thirty (30)  
year covenant restricting the  
housing to tenants of low &  
moderate income?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**AND**

Will the project be subsidized by the municipal, state or federal government, **and** have at minimum 25% of the units reserved for low & moderate income housing in accordance with R.I. Gen. Laws § 45-53-1 et seq?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**Describe the form of subsidy:**

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## **THE PREMISES**

(Type or Print)

**Street Location of Property:** \_\_\_\_\_

Plat: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
*refer to Zoning use table ([185-8](#)).*

Parcel Size: \_\_\_\_\_

Lot Frontage \_\_\_\_\_ ft. (b) Lot Depth \_\_\_\_\_ ft. (c) Lot Area \_\_\_\_\_ sq. ft.

**How many buildings or structures are on the premises at present?**

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**Give size of all existing buildings or structures.** \_\_\_\_\_ sq. ft.;  
\_\_\_\_\_ sq. ft.;  
\_\_\_\_\_ sq. ft.

**Describe extent of proposed development. (*use additional page if necessary*)**

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**Give size of proposed building(s) / addition(s).** \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft.;  
\_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft.;  
\_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft.;

**Total number of dwelling units for which building(s) is/are to be arranged:** \_\_\_\_\_

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Total number of dwelling units which will be restricted to low- and moderate-income housing: \_\_\_\_\_

Is the applicant requesting conditional approval?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, from what State or Federal Agency is/are approval(s) pending? \_\_\_\_\_

Period of time requested? \_\_\_\_\_

## **RELIEF SOUGHT**

Title of site development plan submitted pursuant to the Zoning Ordinance:

\_\_\_\_\_

State from which particular provisions of the Zoning Ordinance and/or Subdivision Regulations relief is sought for this project. Include all exceptions, variances and waivers. *(use additional page if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: YOUR APPLICATION WILL NOT BE COMPLETE UNTIL THIS LIST IS VERIFIED BY THE TOWN STAFF.**

If relief of a density requirement is sought, state allowed and proposed density.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If dimensional relief is sought, state number of feet from yard line you are requesting (where applicable) otherwise explain relief sought.

Front yard #1: \_\_\_\_\_ ft. required \_\_\_\_\_ existing \_\_\_\_\_ requested  
Front yard #2: \_\_\_\_\_ ft. required \_\_\_\_\_ existing \_\_\_\_\_ requested

