

CITY OF PROVIDENCE
ZONING BOARD OF REVIEW

NOTICE OF APPEAL

DATE RECEIVED: _____

Application for an **APPEAL** from a decision of (*check which applies*):

- Director of the Department of Inspection and Standards
- City Plan Commission
- Historic District Commission
- Downtown Design Review Committee
- Other

APPELLANT(S):

_____	_____
Name	Home Address
_____	_____
Telephone: Home/Work	Mobile (cell phone)

E-mail Address	

OWNER(S):

_____	_____
Name	Home Address
_____	_____
Telephone: Home/Work	Mobile (cell phone)

E-mail Address	

FILING INSTRUCTIONS

The following must be submitted to the Secretary of the Board:

- A. The original and seven (7) copies of this notice of appeal (including copies of the decision appealed from, either typed or legibly printed.
- B. A copy of the most current deed on file in the office of the Recorder of Deeds.
- C. Two (2) 200' radius plans drawn to a scale of 1"= 50' from all corners of the lot or lots in question. Show all lot numbers, owners' names, street numbers and building (if any) on each lot within the radius.

- D. Two (2) copies of a list containing the following information, consistent with the latest data available in the office of the Providence Tax Assessor:
 - a. Each plat and lot number that appears within 200 feet of the Property, as designated in an attached 200 foot radius plan.
 - b. The corresponding names and MAILING addresses, including zip codes, of all property owners of each plat and lot number listed.
- E. Two (2) sets of mailing labels with names and full mailing addresses of each property owner on the list described in number above.
- F. All documentation that the Appellant(s) wishes the Board of Appeal to consider as part of the appeal.

NB: The Board’s procedures for handling appeals are contained in the Board’s Policies and Procedures. **All Appellant(s) and Appellee(s) (if not a City entity) must supply a written memorandum of facts and law no fewer than five (5) business days prior to the hearing on the Appeal.**

FEES FOR PETITIONS FOR APPEAL

Advertising Fee: **\$115.00**
(For each advertisement required for the hearing on the petition).

Processing Fee: **\$260.00**

MAKE CHECK PAYABLE TO: **PROVIDENCE CITY COLLECTOR**
NO APPEAL WILL BE ACCEPTED UNTIL PAYMENT IS MADE.

THE PREMISES

- 1. Location of Premises: _____
(Street Number and Address)
- 2. (a) Assessor’s Map No. _____ (b) Lot(s): _____ (c) Zoning District(s): _____
- 3. Are you the owner/occupant of the Premises that is the Subject of this appeal? Yes _____ No _____
- 4. Identify the decision you are appealing. _____

- 5. What was the date of the decision and/or the date of its recording? _____
- 6. On what date did you learn of the decision? _____

7. Please state with specificity the grounds for appeal (how/where the Director, Official, or Commission erred in rendering the decision), and set forth all facts and evidence on which you rely in support of your appeal.**

** This statement is not a substitute for the memorandum of law and facts required by the Board's Rules and Regulations.

The undersigned declares that the information given herein is true to the best of his or her knowledge and belief. The undersigned further acknowledges that providing false information to a municipal official/entity may be subject to civil and criminal penalties.

Signature(s) of Appellant(s)

Date

Counsel for Appellant(s):

Name

Address

City

State

Zip Code

Phone: Office

Phone: Mobile

E-mail Address