

JAN 06 2025

CITY OF PROVIDENCE
BUILDING BOARD OF REVIEWAPPLICATION APPEALING THE DECISION OF THE BUILDING OFFICIAL, OR
FOR A VARIATION OR MODIFICATION FROM CERTAIN SECTIONS OF THE RI STATE BUILDING CODE

Check Type of Building Board Application:

- ☒ Variance – variation from, or modification of, certain sections of the RI State Building Code
☐ Appeal of a decision of the Building Official

If a section of the application is not applicable, please indicate this by using N/A in that field.

Applicant: Peter Casale for Casale Code Applicant Mailing Address
Email: casalecode@gmail.com Street: 250 Gano St Suite 1
Phone: 401-617-6740 City, State, Zip: Providence, RI 02906

Owner: Carlos Rodrigues Owner Mailing Address
Email: carlos@acrconstructioncorp.com Street: 118-120 Hawkins St
Phone: _____ City, State, Zip: Providence, RI 02904

Appellant: _____ Appellant Mailing Address
Email: _____ Street: _____
Phone: _____ City, State, Zip: _____

Attorney: _____ Attorney Mailing Address
Email: _____ Street: _____
Phone: _____ City, State, Zip: _____

1. Subject Department of inspection + Standards Permit Number: BLDG-24-1540
2. Street Address of Subject Property: 118-120 Hawkins St
Assessor's Plat and Lot Numbers of Subject Property: AP 99 LOT 474
3. Base Zoning District(s): R-3 Zone
Overlay District(s): N/A

4. Date owner purchased the Property: 6/7/2019

5. Building construction type(s): 5B

6. Dimensions of each lot:

Lot # <u>474</u>	Width <u>89'</u>	Depth <u>80'</u>	Total area <u>7114</u> sq. ft.
Lot # _____	Width _____	Depth _____	Total area _____ sq. ft.

7. Size of existing structure(s) located on the Property:

Principal Structure:

Area of Footprint 1,388SF/1,152 SF

Overall Height 25ft/25ft

of Stories 2/3

Accessory Structure:

Area of Footprint _____

Overall Height _____

of Stories _____

8. Size of proposed structure(s) located on the Property:

Principal Structure:

Area of Footprint _____

Overall Height _____

of Stories _____

Accessory Structure:

Area of Footprint _____

Overall Height _____

of Stories _____

9. Present Legal Zoning Use of the Property: 2 Family/Single Family

10. Proposed Zoning Use of the Property: 2 Family/ Single Family

11. Number of Parking Spaces:

of existing spaces 5 # of proposed spaces 2/1

12. Are there outstanding violations concerning the Property under any of the following:

____ Providence Zoning Ordinance ____ RI State Building or Property Maintenance Code(s)

13. Summarize all changes proposed for the Property (use, construction/renovation, site alteration):

There are two structures already existing. One two-family and one single family dwelling. The property has been subdivided and as a result the deficiency arose due to the placement of the new property line. Parking will reduce by 2 spots overall, leaving one dedicated to each unit to bring the rear yard impervious coverage into compliance.

14. If application is for variance, list RI State Building Code Sections from which a variance is sought:

<u>Section Number</u>	<u>Section Title + Required relief (e.g. dimensional deficiency of 6" on a landing)</u>
<u>T R302.1(1)</u>	<u>Exterior Walls. For a fire separation distance of 2.2ft (facing south-west),</u>
<u>T R302.1(1)</u>	<u>Exterior Walls. For a fire separation distance of less than 3ft (facing south)</u>
<u>T R302.1(1)</u>	<u>Exterior Walls. For a fire separation distance of 2.8ft (facing north-east),</u>
<u>T R302.1(1)</u>	<u>Exterior Walls. For a fire separation distance of less than 3ft (facing south)</u>
_____	_____
_____	_____
_____	_____

QUESTIONS 15 AND 16 TO BE ANSWERED ONLY IF APPLICATION IS AN APPEAL

15. IF application is an appeal of a decision of the Building Official, please indicate if:

___ Appellant is the Owner of the subject Property

___ Appellant is an aggrieved party that is not the Owner of the subject Property

16. IF application is an appeal of a decision of the Building Official, please indicate the grounds for the appeal:

**IF MORE ROOM IS NEEDED TO ANSWER ANY OF THE ABOVE QUESTIONS, PLEASE SUBMIT AN
ADDENDUM TO THIS APPENDIX WITH COMPLETE RESPONSES.**

The undersigned acknowledge(s) and agree(s) that members of the Building Board of Review and its staff may enter upon the Property in order to view the Property prior to any hearing on the application.

The undersigned further acknowledge(s) that the statements herein and in any attachments or appendices are true and accurate, and that providing a false statement in this application may be subject to criminal and/or civil penalties as provided by law, including prosecution under the State and Municipal False Claims Acts. Owner(s)/Applicant(s) are jointly responsible for any false statements.

Owner(s):

Carlos Rodrigues

Type Name



Carlos Rodrigues (Jan 5, 2025 18:16 EST)

Signature


Carlos Rodrigues (Jan 5, 2025 18:16 EST)

Type Name

Signature

Applicant(s)/Appellant(s):

Peter Casale for Casale Code Consulting LLC

Type Name



Signature


Carlos Rodrigues (Jan 5, 2025 18:16 EST)

Type Name

Signature

All applicable requirements listed and described on the Instruction Sheet shall be met or this application will not be considered complete.

Please contact the Office of the Boards of Review with questions:

Telephone – 401-680-5375

Email – bsath@providenceri.gov

A fillable PDF copy of this document can be found online at the Boards of Review webpage linked from the Department of Inspection + Standards: <https://www.providenceri.gov/inspection-standards/>