

CITY OF PROVIDENCE
BUILDING BOARD OF REVIEW

Inspection & Standards

JUN 05 2026

APPLICATION APPEALING THE DECISION OF THE BUILDING OFFICIAL, OR
FOR A VARIATION OR MODIFICATION FROM CERTAIN SECTIONS OF THE RI STATE BUILDING CODE ^{Received}

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: Kevin Nazaire Applicant Mailing Address
Email: Five75DesignsLLC@gmail.com Street: 7 Estella St
Phone: 8574923147 City, State, Zip: Mattapan Ma 02126

Owner: Jaleesa Vazquez Owner Mailing Address
Email: J.Vazquez285@gmail.com Street: 160 Cumberland st Providence RI 02908
Phone: 6178490710 City, State, Zip: Providence RI 02908

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-26-589
2. Street Address of Subject Property: 160 Cumberland St Providence RI 02908
Assessor's Plat and Lot Numbers of Subject Property: plat: 123 lot: 391
3. Base Zoning District(s): R -3 ZONE
Overlay District(s): _____

4. Date owner purchased the Property: 05/19/2026

5. Building construction type(s): TYPE V-B WOOD FRAME

6. Dimensions of each lot:
Lot # 139 Width 24 Depth 50 Total area 2400 sq. ft.
Lot # _____ Width _____ Depth _____ Total area _____ sq. ft.

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

<u>Principal Structure:</u>	<u>Accessory Structure:</u>
Area of Footprint <u>2400 SF</u>	Area of Footprint <u>1200</u>
Overall Height _____	Overall Height _____
# of Stories <u>2</u>	# of Stories <u>1</u>

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

<u>Principal Structure:</u>	<u>Accessory Structure:</u>
Area of Footprint _____	Area of Footprint _____
Overall Height _____	Overall Height _____
# of Stories _____	# of Stories _____

9. Present Legal Zoning Use of the Property: R 3 ZONE

10. Proposed Zoning Use of the Property: 2 FAMILY W/ ADU

11. Number of Parking Spaces:

of existing spaces 2 # of proposed spaces 2

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):

CONVERT UNFINISHED BASEMENT INTO 2 BED 2BATH , LIVING ROOM & KITCHEN
LEGAL APARTMENT

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

Section Number Section Title + Required relief (e.g. dimensional deficiency of 6" on a landing)

2021 IEBC - Section 1004.1

2021 IBC- Section 420.4

2021 IBC- Section 903.2.8

2021 IEBC-Section 1011.5.1

2021 IBC-Section 1011.5.2

2021 IBC-Section 1011.5.2

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):

Jaleesa Vazquez

Type Name

Jaleesa Vazquez

dotloop verified
06/04/26 9:31 PM EDT
TYHX-N9CJ-O0XZ-A4H6

Signature

Type Name

Signature

Applicant(s)/Appellant(s):

Kevin Nazaire

Type Name

Kevin Nazaire

dotloop verified
06/04/26 2:57 PM EDT
EPU1-UQFX-MSLS-TIMU

Signature

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/>

