

OCT 22 2020

CITY OF PROVIDENCE
ZONING BOARD OF REVIEW

APPLICATION FOR VARIANCE OR SPECIAL USE PERMIT

Check Each Type Zoning Relief Sought:

- Variance – Use *
- Variance – Dimensional*
- Special Use Permit **

* Attach Appendix A to apply for a Use or Dimensional Variances

** Attach Appendix B to apply for a Special Use Permit

Applicant: Crossroads Rhode Island

Address 160 Broad Street, Providence

Zip Code 02903

E-mail mwilcox@crossroadsri.org

Phone 401-277-4315

Home/Office

401-523-2634

Mobile (Cell)

Owner: Hotel Associates LLC

Address c/o Hinckley Allen, 100 Westminster Street, Suite 1500, Providence

Zip Code 02903

E-mail _____

Phone _____

Home/Office

Mobile (Cell)

Lessee: Crossroads Rhode Island

Address 160 Broad Street, Providence

Zip Code 02903

E-mail mwilcox@crossroadsri.org

Phone: 401-277-4315

Home/Office

401-523-2634

Mobile (Cell)

Does the proposal require review by any of the following (check each):

- Downtown Design Review Committee
- I-195 Redevelopment District Commission
- Capital Center Commission
- Historic District Commission

1. **Location of Property:** 371 Pine Street, Providence
Street Address

2. **Zoning District(s):** C-2
Special purpose or overlay district(s): _____

3a. **Date owner purchased the Property:** _____

3b. **Month/year of lessee's occupancy:** _____

Note Pine St is the Primary St for Lots 675/ 637 with Stewart St as the Secondary St. - For Lot 640 Stewart St is the Primary St and Conduit St as the Secondary St

3. Dimensions of each lot:

Lot #	<u>675</u>	Frontage	<u>144 FT</u>	depth	<u>75 FT</u>	Total area	<u>10,890</u>	sq. ft.
Lot #	<u> </u>	Frontage	<u> </u>	depth	<u> </u>	Total area	<u> </u>	sq. ft.
Lot #	<u> </u>	Frontage	<u> </u>	depth	<u> </u>	Total area	<u> </u>	sq. ft.

4. Size of each structure located on the Property:

Principal Structure:	Total gross square footage	<u>11,527 SF</u>
Footprint <u>5,597 SF</u>	Height <u>18 FT</u>	Floors <u>2</u>

Accessory Structure:	Total gross square footage	<u> </u>
Footprint <u> </u>	Height <u> </u>	Floors <u> </u>

5. Size of proposed structure(s):	Total gross square footage:	<u>N/A</u>
Footprint <u> </u>	Height <u> </u>	Floors <u> </u>

6a. Existing Lot coverage: (include all buildings, decks, etc.) 55%

6b. Proposed Lot coverage: (include new construction) NO CHANGE

7a. Present Use of Property (each lot/structure):
VACANT

7b. Legal Use of Property (each lot/structure) as recorded in Dept. of Inspection & Standards:
OFFICE / DAYCARE

8. Proposed Use of Property (each lot/structure):
OFFICE / TRANSITIONAL SHELTER

9. Number of Current Parking Spaces: 2

10. Describe the proposed construction or alterations (each lot/structure):
NO ALTERATIONS; CHANGE OF USE ONLY

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

- Zoning Ordinance
- RI State Building Code
- Providence Housing Code

12. List all Sections of the Zoning Ordinance from which relief is sought and description of each section:

<u> </u>	<u>SPECIAL USE PERMIT REQUIRED FOR TRANSITIONAL SHELTER</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

13. Explain the changes proposed for the Property.

THE UPPER LEVEL SHALL CONTINUE USE AS OFFICES WITH LIMITED PUBLIC VISITATION.
ONE ROOM ON THE UPPER LEVEL IS PROPOSED TO BE USED AS A DAY ROOM
THE LOWER LEVEL WILL HAVE TWO GROUP SLEEPING QUARTERS (ONE FEMALE, ONE MALE)
WITH SPACING COMPLIANT WITH COVID-19 GUIDELINES
NO MODIFICATIONS TO THE BUILDING ARE PROPOSED
THE BUILDING IS FULLY SPRINKLERED AND ALARMED, AND IS ACCESSIBLE INCLUDING TOILETS

The undersigned acknowledge(s) and agree(s) that members of the Zoning Board of Review and its staff may enter upon the exterior of 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 with their attorneys for any false statements.

Owner(s):

Matthew T. Marcelllo UT
Type Name

 V.P.
Signature

Type Name

Signature

Applicant(s):

hasen A. Santilli
Type Name


Signature

Type Name

Signature

All requirements listed and described in the Instruction Sheet must be met or this application will not be considered complete.

APPENDIX B

APPLICATION(S) FOR SPECIAL USE PERMIT

1. Identify the section(s) of the Ordinance that provides for the special use permit.
1201 - Table 12-1 Use Matrix Requires a special use for Transitional Shelter, defined as:
Transitional Shelter: A facility that provides temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

The sleeping areas are intended to accomodate COVID-19 compliant overnight shelter for male and female people.

The facility will have active staff present on-site when the sleeping areas are in use.

2. State all facts that demonstrate that the proposed special use will not substantially injure the use and enjoyment of neighboring property.
The building will be actively managed and have on-site staff on a 24/7 basis.

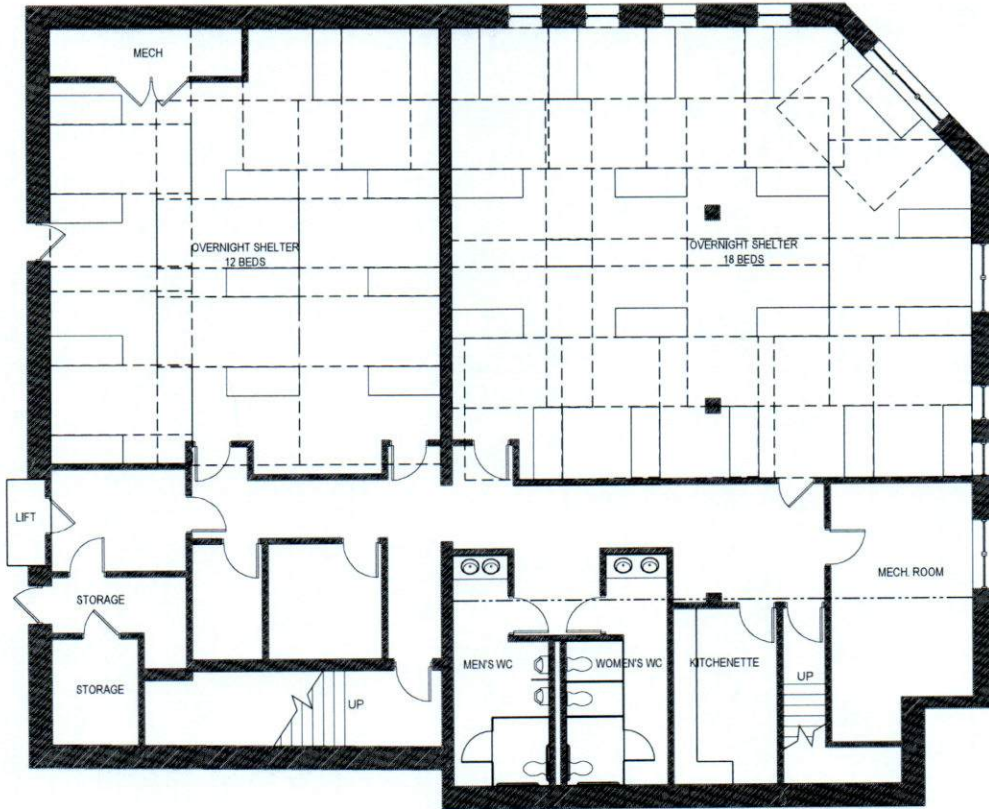
The current vacant building attracts transients and encourages loitering.

The presence, monitoring and management by Crossroads Rhode Island of the site
site will improve the general safety and security of the property and surrounding neighborhood.

3. State all facts that demonstrate that the proposed special use will not significantly devalue neighboring property.
The site is surrounded by parking areas and under-used industrial buildings, as well as residential
buildings to the southeast. The proposed special use will stabilize the area by bringing activity to a currently
vacant structure which has become a nuisance. Crossroads Rhode Island already operates similar shelter
and social services on their adjacent property. The overall population of persons served will not increase;
this building will accomodate the additional space needed to comply with social distancing due to
COVID-19.

4. State all facts that demonstrate that the proposed special use will not be detrimental or injurious to the health or welfare of the community.
In addition to the facts listed above, the shelter is intended to reduce the transmission of COVID-19 in the general
community by providing a safe, socially distanced facility for people facing homelessness.

**IF THE APPLICANT IS AN EDUCATIONAL OR HEALTH CARE INSTITUTION,
COMPLETE PAGE 10 BELOW**



BASEMENT FLOOR PLAN

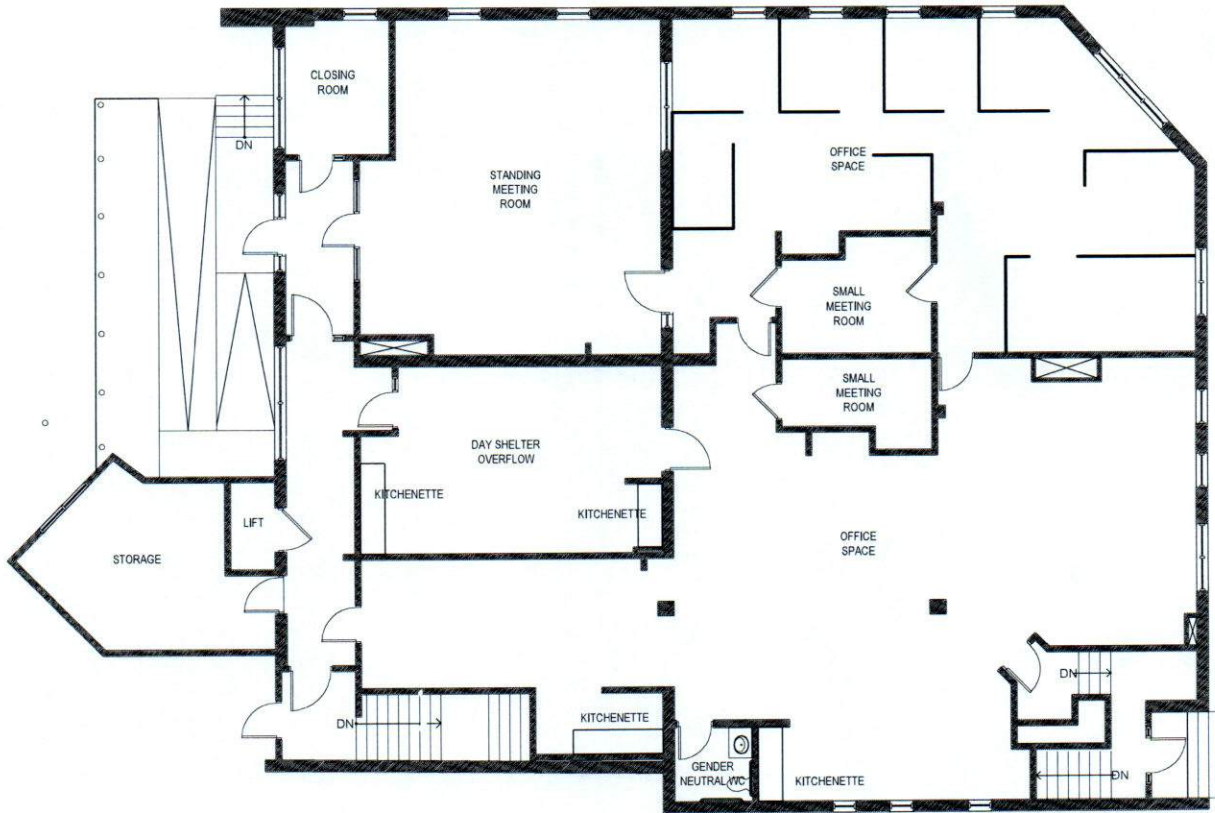
SCALE: 1/8" = 1'-0"

Crossroads Health Housing

kite architects one central street providence, rhode island 02907 401.272.0240 kitearchitects.com
© copyright 2019 kite architects, inc. unauthorized use is strictly prohibited

No. **A1.0**
PROJECT No: 1932
DATE: 07.23.2020
PIT No: -





FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

Crossroads Health Housing

line architects one central street providence, rhode island 02907 401.272.0240 linearchitects.com
 © copyright 2019 kite architects, inc. unauthorized use is strictly prohibited

No.

A1.1

PROJECT No. 1932

DATE: 07.23.2020

PIT No: -



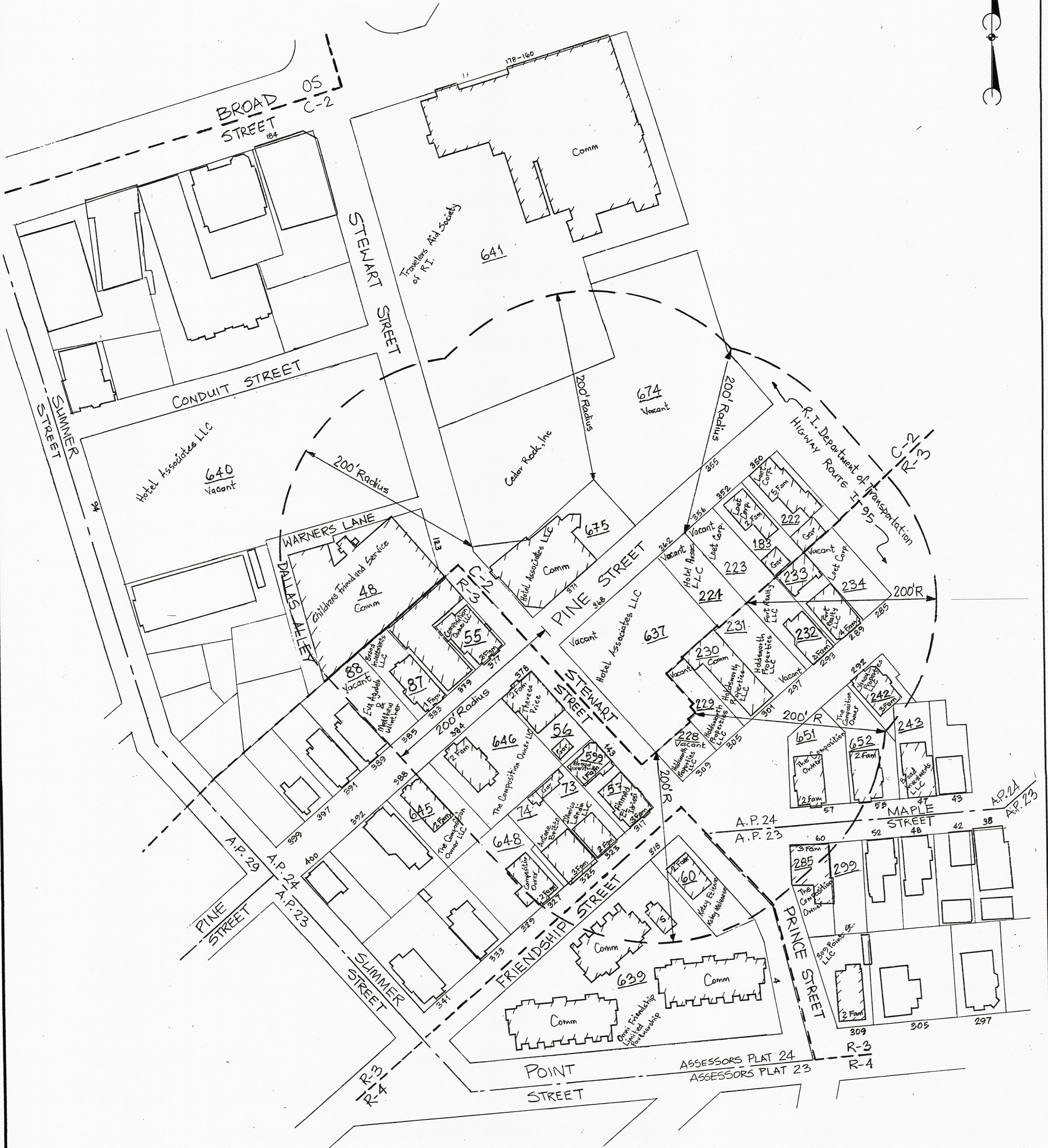
OWNER
HOTEL ASSOCIATES LLC
165 WASHINGTON STREET
PROVIDENCE, RI.02903

200 FT RADIUS PLAN

362, 368 & 371 PINE STREET
AP 024 LOTS 224, 637 & 675

SCALE: 1" = 50 FT OCTOBER, 2020

PREPARED BY: FERDINAND IHENACHO, PE.



NOTES

1. THIS PLAN IS SUBSTANTIALLY CORRECT AND IN ACCORDANCE WITH THE CITY OF PROVIDENCE ASSESSOR'S PLAT MAPS. THIS PLAN IS NOT TO BE USED FOR PROPERTY LINE DETERMINATION.
2. LOTS 224, 637 & 675 ARE WITHIN OVERLAY DISTRICT TOD
3. ALL AFFECTED LOTS ARE IN ASSESSORS' PLAT 23 AND 24



FCI ENGINEERING GROUP, LLC
Civil engineering Consultants
43 Carteret Street Providence, RI 02908
Phone: 401-440-8300 Fax: 401-831-0038

FCI Project No:
E2003
Scale: As Shown
Drawn: F.I.
Date: 10-08-2020