CITY OF PROVIDENCE ZONING BOARD OF REVIEW

APPLICATION FOR VARIANCE OR SPECIAL USE PERMIT

APR 07 2021

Check Each Type Zoning Relief Sought:	Variance – Use * Variance – Dimensional* Special Use Permit **
* Attach Appendix A to apply for a Use or Dimensiona **Attach Appendix B to apply for a Special Use Permit	1 Variances
Applicant: Borna Properties, LLC/Ozren T. Burtak E-mail ozfranbun@hotmail.com_ Phone Home/Office	Address 381 Angell Street, Providence, RI Zip Code 02906 339-221-8514 Mobile (Cell)
Owner: Borna Properties, LLC/Ozren T. Burtak E-mail ozfranbun@hotmail.com_ Phone Home/Office	Address 381 Angell Street, Providence, RI Zip Code 02906 339-221-8514 Mobile (Cell)
E-mailPhone:	Address Zip Code Mobile (Cell)
Does the proposal require review by any of the followard Downtown Design Review Committee Downtown Design Review Committee I-195 Redevelopment District Commission Capital Center Commission Historic District Commission	
1. Location of Property: 381 Angell Street, Prov Street Address Zoning District(s): RP	vidence, RI 02906
Special purpose or overlay district(s):	
3a. Date owner purchased the Property: _2002 A	pril_
3b. Month/year of lessee's occupancy:	

	ensions of each						10	
		Frontage <u>50'</u>						
	Lot #	Frontage	depth		Total ar	ea	sq. ft.	
	Lot #	Frontage	depth		Total ar	ea	sq. ft.	
4. Size	e of each struct	ure located on t	he Property	:	×			
	Principal Stru	cture:	Total gross	square f	ootage			
	Footpr	int <u>30'x49' +/-</u>	_ Hei	ght _35'+	-/	Floors_	3	
	Accessory Str	ucture: Total gi	ross square	footage				
	Foot	print	He	ight		Floors_		
5.	1977	ed structure(s): rint <u>same</u>					same	
6a. Exis	sting Lot cover	age: (include all	buildings, d	ecks, etc.)	31.1%_			
6b. Pro	posed Lot cove	rage: (include ne	ew construct	ion) <u>31</u>	.1%			
V	acant office and	perty (each lot/s 3 family					on & Standa	
_	ntist office and	erty (each lot/str 3 family	ucture) as i		-	-		ras:
	pposed Use of P Family Dwellin	roperty (each lo	ot/structure)				At the late of the	
9. Nu	mber of Curre	nt Parking Spac	es:	5			e e e e e e e e e e e e e e e e e e e	
10 5			-					
		osed construction						D 111
Min	or Building	Code Renova	itions for	the c	conversion	into	4 Family	Dwelling
					· · · · · · · · · · · · · · · · · · ·			
								· · · · · · · · · · · · · · · · · · ·
11. Arc	Zoning	ling violations c Ordinance e Building Code	oncerning t	he Prope	rty under a	ny of the	e following:	
	Provide	ence Housing Co	de					
	tion:	of the Zoning O					-	on of each
		<u> </u>			.,	Andrewski		

13. Explain the changes propose	i for the Property.
Convert a vacant dental office into 10 years.	a residential unit. The dental office space has been vacant for appro
	and agree(s) that members of the Zoning Board of Review and its sto e Property in order to view the Property prior to any hearing on the
are true and accurate, and that prand/or civil penalties as provided	dge(s) that the statements herein and in any attachments or appendic oviding a false statement in this application may be subject to crimin by law, including prosecution under the State and Municipal False) are jointly responsible with their attorneys for any false statement
Owner(s):	Applicant(s):
Ozren T. Buntak	
Type Name	Type Name
Signature	Signature
Borna Properties LLC	Borna Properties LLC
Type Name	Type Name
Signature	Signature

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

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	by law, including prosecution under the State and Municipal Fals) are jointly responsible with their attorneys for any false statements
Claims Acts. Owner(s)/Applicant(s) Owner(s): BORNA PROPER	are jointly responsible with their attorneys for any false statements
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Claims Acts. Owner(s)/Applicant(s) Owner(s): BORNA PROPER	are jointly responsible with their attorneys for any false statements
Owner(s): BORNA PROPERS Owner(s): BORNA PROPERS OZIEN T. BUNTAK Type Name Manage	are jointly responsible with their attorneys for any false statements GES, LLC Applicant(s): Type Name

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

APPENDIX A

APPLICATION FOR VARIANCE(S)

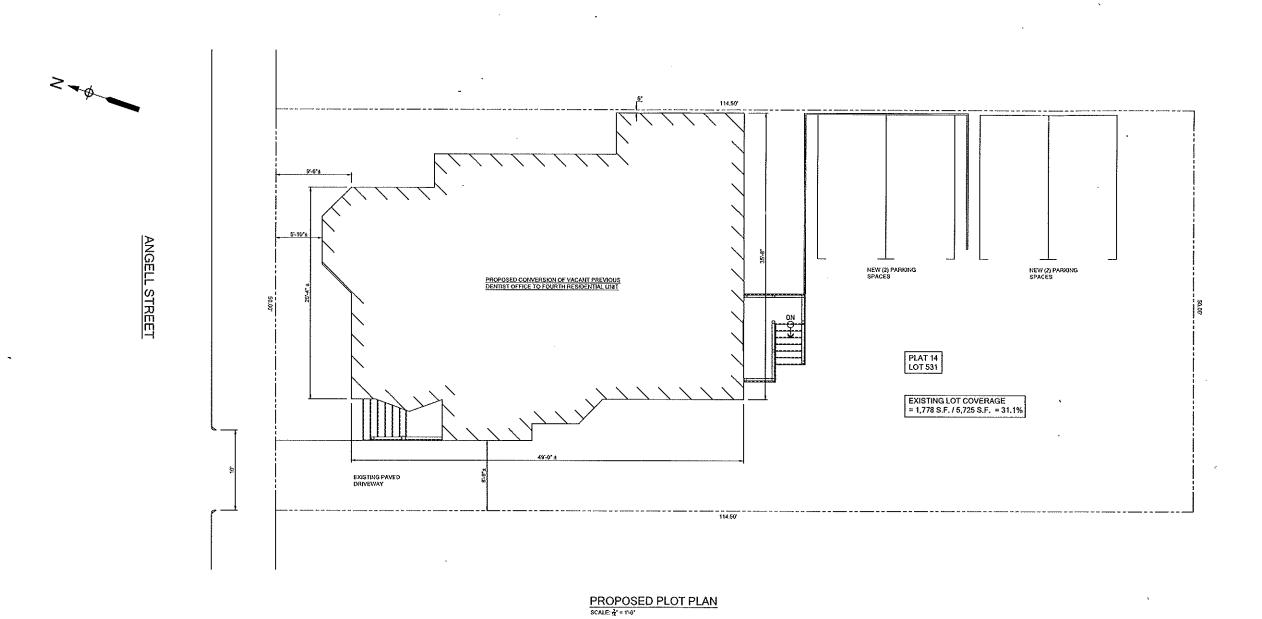
Rhode Island General Laws § 45-24-41(c) requires that the Applicant for a variance demonstrate:

- (1) That the hardship from which the applicant seeks relief is due to the unique characteristics of the subject land or structure and not to the general characteristics of the surrounding area; and is not due to a physical or economic disability of the applicant, excepting those physical disabilities addressed in § 45-24-30(16);
- (2) That the hardship is not the result of any prior action of the applicant and does not result primarily from the desire of the applicant to realize greater financial gain;
- (3) That the granting of the requested variance will not alter the general character of the surrounding area or impair the intent or purpose of the zoning ordinance or the comprehensive plan upon which the ordinance is based;
- (4) That the relief to be granted is the least relief necessary; and
- (5) (a) For a **use variance**: That the land or structure cannot yield any beneficial use if it is required to conform to the provisions of the zoning ordinance;
 - (b) For a **dimensional variance**, that the hardship suffered by the owner of the subject property if the dimensional variance is not granted amounts to more than a mere inconvenience.

Please provide the following information:

ι.	What is the specific hardship from which the applicant seeks relief? Applicant seeks relief from lot area requirement to install 4 th residential unit on first floor. The area of the dental office is not sufficient to make it viable.
2.	Specify any and all unique characteristics of the land or structure that cause the hardship?
	The area of the dental space on the first floor does not support a reasonable medical/dental office. The inability to utilize the space for such purpose has been established by the inability to lease the space for such use for approx. 10 years.
3.	(a) Is the hardship caused by an economic disability? Yes No_x_
	(b) Is the hardship caused by a physical disability? Yes No _x_
	(c) If the response to subsection (b) is "yes," is the physical disability covered by the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.? Yes No
١.	Did the owner/applicant take any prior action with respect to the Property that resulted in the need for the variance requested? (Examples include, but are not limited to, any changes the owner/applicant made to the structure(s), lot lines, or land, or changes in use of the Property)? Yes No _x

S	
n	tate any and all facts to support your position that the applicant is not seeking the variance (rimarily in order to obtain greater financial gain.
	he applicant would realize greater financial gain if it were to be able to utilize as a dental office
H	owever, because it cannot be viably leased, the applicant desires to productively utilize the space ermitted residential use.
to	tate any and all facts that support your position that you are seeking the least relief necessar lessen or eliminate the hardship (for example, why there are no viable alternatives to youroposed plan).
	dwelling unit is a permitted use in the R-P district. Relief from the lot area requirements would allow e dwelling unit in the space formerly occupied by the dental office.
-	
C	annot have any beneficial use if you are required to use it in a manner allowed in the zonio
C	
c: d 	nnnot have any beneficial use if you are required to use it in a manner allowed in the zonin istrict. You are seeking a DIMENSIONAL VARIANCE, set forth all facts that indicate that if the second content is the content of the zoning and the zoning istrict.
d 	you are seeking a DIMENSIONAL VARIANCE, set forth all facts that indicate that if the ariance is not granted, the hardship the owner/applicant will suffer is more than a me
cadd — — — — — If viii in	you are seeking a DIMENSIONAL VARIANCE, set forth all facts that indicate that if the ariance is not granted, the hardship the owner/applicant will suffer is more than a memory applicance.
Card din B	nnnot have any beneficial use if you are required to use it in a manner allowed in the zoning istrict. Tyou are seeking a DIMENSIONAL VARIANCE, set forth all facts that indicate that if the ariance is not granted, the hardship the owner/applicant will suffer is more than a me



PROPOSED CHANGE OF USE 381 ANGELL STREET PROVIDENCE, RHODE ISLAND

DRAWN BY: MGL

CHECKED BY: RJL

LOQA ENGINEERS, LLC CONSULTING ENGINEERS 49 BATCHELLER AVENUE PROVIDENCE, RI 02904 rjloqa@verizon.net

FOR ENGINEERING ONLY

SCAL

AS NOTED

CONTENTS:

PLOT PLAN

DAT

FEBRUARY 2021

SHEET NO:

C100

KITCHEN CLOSET PANTRY NEW 3'-0">3'-0" —/ SHOWER UNIT BEDROOM 3'-3"± CLOSET BEDROOM - 25'-1 3/4'± --

PROPOSED FLOOR PLAN SCALE: [* * 1'-0'

PROPOSED CHANGE OF USE 381 ANGELL STREET PROVIDENCE, RHODE ISLAND

DRAWN BY: MGL

CHECKED BY: RJL

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FOR ENGINEERING ONLY

SCALE:

AS NOTED

CONTENTS:

FLOOR PLAN

DATE:

FEBRUARY 2021

SHEET NO:

S100

