



**Zoning Board of Review**  
Application for Zoning Hearing

**Please complete this application after receiving an Official Zoning Determination from the Department of Code Enforcement.**

*To be completed by the Office of Planning and Economic Development*

Application #: 2018-07-07-1 Application given by: Lisa Scorpio  
 Date Reviewed: 7/18/2018 Receipt of Additional Documentation: \_\_\_\_\_  
 Certified Complete Date: 7/18/2018 Certified Complete by: Trey Scott

1. Application for (see Zoning Ordinance for definitions):

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Dimensional Variance
<input type="checkbox"/>	Use Variance
<input checked="" type="checkbox"/>	Special Use permit
<input type="checkbox"/>	Application for an appeal of an administrative decision made in the enforcement or interpretation of the Zoning Ordinance or of decisions of the Planning Board or Administrative Officer on matters of review and approval of land development projects, subdivisions, or projects subject to Development Plan Review.

2. Applicant: Lisa Scorpio  
 Address: 582 Plainfield St. Providence, 02909  
 Phone #: 2258736 E-mail: lascorp@gmail.com

3. Owner (if different from above): All Property Management  
 Address: 555 Broad Street CF, RI  
 Phone #: 2258736 E-mail: lascorp@gmail.com

4. Attorney (if being retained): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Address of premises: 555 Broad St.  
 Assessor's Plat #: 1 Lot #: 108

6. Dimension of Lot: Width \_\_\_\_\_ Depth \_\_\_\_\_ Sq. Ft. 8,305 Zone: C-D

7. Is there a building on the premises?(check all that apply) \_\_\_ Residential  Commercial

8. Dimensions of existing building: \_\_\_\_\_

9. Present use of premises: Vacant Fire Station

10. Proposed use of premises: Professional Services & Temporary Lodging

11. Specifically describe relief being sought, referencing the exact Article(s) and Section(s) of the Zoning Ordinance: Article III, Section 304, Table 1, #16.3

12. Specifically describe grounds for relief being sought: Requesting (SUP) to locate temporary lodging with supervision for 15 residents or less on the 2nd floor of the building.

13. Signature of applicant: Lisa Suprow date: 7/12/18

14. Relationship to Owner (if different from applicant): \_\_\_\_\_

15. Signature of Owner (if different from applicant): \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Each item is to be completed or marked "Non-Applicable" (N/A). \$1,000.00 filing fee must accompany completed application. Please make check/money order payable to "City of Central Falls." All applicants must be current on all taxes and no liens may exist on the property in order to applications to be certified complete. If application involves changes to an existing building or parking or the construction of a new building or parking, please submit a site plan indicating all relevant information. The Zoning Board of Review requests four (4) site photos for all applications. All applicants must be current on all taxes and no liens may exist on the property in order to applications to be certified complete.**

**The submission of information required by this application does not preclude the Office of Planning and Economic Development or the Zoning Board of Review's right to require additional information. The City does not have the ability to print or scan material larger than 11"x17." If the applicant wishes any submitted material larger than 11"x17" to be part of the official record, a version must be submitted electronically.**

**The Zoning Board of Review's decision does not address critical issues such as subdivisions or new lot recordings, leaching systems/sewers, flood plain, building codes, fire safety, DEM Wetlands and/or Coastal Resource Management Commission, nor does it guarantee that the applicant will receive the required permits or licenses. In addition, decisions authorizing a change in use may require certain building alterations in order to comply with current State and City Building Code requirements.**