

**TOWN OF SOUTH KINGSTOWN  
ZONING BOARD OF REVIEW  
TOWN HALL**

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Application for an Appeal of the Zoning Enforcement Officer.

To the Zoning Board of Review  
c/o South Kingstown Town Hall  
180 High Street, Wakefield, RI 02879

**DATE:** \_\_\_\_\_

Ladies and Gentlemen:

The undersigned hereby applies to the Zoning Board of Review for an appeal of:

check one:                  Zoning Enforcement Officer

**NAME AND ADDRESS**  
*(Type or Print)*

Appellant: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Assessor's Map \_\_\_\_\_ Lot \_\_\_\_\_

Address of Premises \_\_\_\_\_

**FILING INSTRUCTIONS**

Every application of an appeal to the Zoning Board of Review must be accompanied by the following information:

- A. The original application and nine (9) copies, either typed or legibly printed, must be filed with the Zoning Office in accordance with Article 9 of the South Kingstown Zoning Ordinance.
- B. A filing fee as set by the Town Council (\$175).
- C. A radius map showing the Tax Assessor's plat numbers and the lot numbers within two hundred feet (200') of the property under appeal within the Town of South Kingstown or an adjacent Town.

D. Using the radius map, compile from the South Kingstown Tax Assessor's records or if the 200' radius goes into an adjacent Town the Tax Assessor's records from the adjacent Town, a list of all property owners, their mailing address and the Tax Assessor's Plat and Lot number shown on the radius map.

1. What is the decision you are appealing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the Article and Section of the Zoning Ordinance you are appealing?  
Article \_\_\_\_\_ Section \_\_\_\_\_

3. Please state clearly and unambiguously the reason for the appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone # \_\_\_\_\_

Land Owner \_\_\_\_\_ (If the Appeal involves real estate and the appellant is not the owner.)

Attorney \_\_\_\_\_  
(Type or Print)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_