



**NOTE:**

PERSONS APPLYING FOR ***A SPECIAL USE PERMIT*** MAY REQUIRE  
A SITE PLAN REVIEW BEFORE THE FOSTER PLANNING BOARD.  
PLEASE CONTACT 392-9203 FOR INFORMATION.

THE UNDERSIGNED HEREBY APPLIES TO THE ZONING BOARD OF  
REVIEW FOR A:

SPECIAL USE PERMIT \_\_\_\_\_ VARIANCE \_\_\_\_\_ APPEAL \_\_\_\_\_

**LOCATION OF PREMISES:**

PLAT: \_\_\_\_\_ LOT \_\_\_\_\_ ROAD \_\_\_\_\_ POLE # \_\_\_\_\_

DIMENSIONS OF LOT: \_\_\_\_\_ AREA OF LOT: \_\_\_\_\_

IS THIS A SUBSTANDARD LOT OF RECORD? YES NO

- *If yes, please attach certificate*

ZONING DISTRICT IN WHICH PREMISES IS LOCATED: \_\_\_\_\_

WATERSHED IN WHICH PREMISES IS LOCATED: \_\_\_\_\_  
(SCITUATE, FLAT RIVER, MOOSUP RIVER, or QUADUCK)

HAS THERE BEEN AN OFFICIAL DEM WETLANDS DETERMINATION? YES NO

- *If yes, please attach certificate*

ANY PREVIOUS ZONING HEARINGS ON THIS PROPERTY? YES NO

- *If yes, please give date(s) \_\_\_\_\_ and hearing number(s) \_\_\_\_\_*

ANY UNRESOLVED ZONING VIOLATIONS ON THIS PROPERTY? YES NO

- *If yes, please explain \_\_\_\_\_*
- \_\_\_\_\_
- \_\_\_\_\_

*(Please use the back of this application if more room is needed)*

ARE THERE ANY PREVIOUS ZONING VIOLATIONS ON THIS PROPERTY? YES NO

- *If yes, please attach notice of violation*

***IMPORTANT!***

**ATTACH A COPY OF PLAT MAP SHOWING ALL PROPERTY WITHIN 200 FEET.  
ATTACH ANY SKETCHES, DRAWINGS, PHOTOS, SALES AGREEMENTS, ETC.  
ATTACH A COPY OF DEED!**

**THE APPLICANT WILL BE SOLELY RESPONSIBLE FOR THE EXPENSE OF  
NOTIFYING ALL ABUTTERS WITHIN A 200-FOOT RADIUS OF THE SUBJECT  
PROPERTY BY CERTIFIED MAIL. THE TOWN OF FOSTER WILL NOT BE  
LIABLE FOR PROPERTY OWNERS THAT ARE NOT PROPERLY NOTIFIED.**

**PLEASE FILL OUT THIS SECTION FOR SEPTIC SYSTEMS!!!**

**YOU MUST ALSO ATTACH A COPY OF THE APPROVED ISDS FROM THE STATE OF RHODE ISLAND.**

ISDS APPLICATION NUMBER: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

WATERTABLE: \_\_\_\_\_

DATES TESTED: \_\_\_\_\_

PERK RATE: \_\_\_\_\_ DATES TESTED: \_\_\_\_\_

NAME OF ENGINEER: \_\_\_\_\_

HOW LONG HAVE YOU OWNED/LEASED PREMISES: \_\_\_\_\_

IS THERE A BUILDING ON THE PREMISES AT PRESENT? YES NO

• *If yes, please give dimensions* \_\_\_\_\_

GIVE DIMENSIONS OF PROPOSED BUILDING: \_\_\_\_\_

PRESENT USE OF PREMISES: \_\_\_\_\_

HOW LONG USED FOR PRESENT USE: \_\_\_\_\_

PROPOSED USE OF PREMISES: \_\_\_\_\_

EXTENT OF PROPOSED ALTERATIONS: \_\_\_\_\_

NUMBER OF NEW BEDROOMS: \_\_\_\_\_

ZONING ORDINANCE PROVISION OF APPLICATION : \_\_\_\_\_

\_\_\_\_\_

STATE GROUNDS FOR SPECIAL USE, VARIANCE OR APPEAL:

\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Notary Public

Commission Expires

*(For official use only)*

**VOTING MEMBERS**

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APPROVE  
APPROVE  
APPROVE  
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APPROVE

REJECT  
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