

INSPECTION & STANDARDS  
RECEIVED

OCT 03 2024

CITY OF PROVIDENCE  
BUILDING BOARD OF REVIEW

OCT 03 2024

APPLICATION APPEALING THE DECISION OF THE BUILDING OFFICIAL, OR  
FOR A VARIATION OR MODIFICATION FROM CERTAIN SECTIONS OF THE RI STATE BUILDING CODE

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Check Type of Building Board Application:

- Variance – variation from, or modification of, certain sections of the RI State Building Code
- Appeal of a decision of the Building Official

*If a section of the application is not applicable, please indicate this by using N/A in that field.*

Applicant: Cristina Valerio Applicant Mailing Address  
 Email: cvalerio0417@gmail.com Street: 38 Spenstone Road  
 Phone: 401-215-0097 City, State, Zip: Cranston, RI 02910

Owner: Cristina Valerio Owner Mailing Address  
 Email: cvalerio0417@gmail.com Street: 38 Spenstone Road  
 Phone: 401-215-0097 City, State, Zip: Cranston, RI

Appellant: \_\_\_\_\_ Appellant Mailing Address  
 Email: \_\_\_\_\_ Street: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Attorney: \_\_\_\_\_ Attorney Mailing Address  
 Email: \_\_\_\_\_ Street: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

1. Subject Department of inspection + Standards Permit Number: \_\_\_\_\_
2. Street Address of Subject Property: 1279 Chalkstone Ave Cranston, RI 02910  
 Assessor's Plat and Lot Numbers of Subject Property: 607/116
3. Base Zoning District(s): \_\_\_\_\_  
 Overlay District(s): \_\_\_\_\_

4. Date owner purchased the Property: \_\_\_\_\_

5. Building construction type(s): \_\_\_\_\_

6. Dimensions of each lot:

Lot # _____	Width _____	Depth _____	Total area _____ sq. ft.
Lot # _____	Width _____	Depth _____	Total area _____ sq. ft.

7. Size of existing structure(s) located on the Property:

<u>Principal Structure:</u>	<u>Accessory Structure:</u>
Area of Footprint _____	Area of Footprint _____
Overall Height _____	Overall Height _____
# of Stories _____	# of Stories _____

8. Size of proposed structure(s) located on the Property:

<u>Principal Structure:</u>	<u>Accessory Structure:</u>
Area of Footprint _____	Area of Footprint _____
Overall Height _____	Overall Height _____
# of Stories _____	# of Stories _____

9. Present Legal Zoning Use of the Property: \_\_\_\_\_

10. Proposed Zoning Use of the Property: \_\_\_\_\_

11. Number of Parking Spaces:

# of existing spaces \_\_\_\_\_ # of proposed spaces \_\_\_\_\_

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

\_\_\_\_ Providence Zoning Ordinance      \_\_\_\_ RI State Building or Property Maintenance Code(s)

13. Summarize all changes proposed for the Property (use, construction/renovation, site alteration):

\_\_\_\_\_

14. If application is for variance, list RI State Building Code Sections from which a variance is sought:

Section Number    Section Title + Required relief (e.g. dimensional deficiency of 6" on a landing)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**QUESTIONS 15 AND 16 TO BE ANSWERED ONLY IF APPLICATION IS AN APPEAL**

**15. IF application is an appeal of a decision of the Building Official, please indicate if:**

- Appellant is the Owner of the subject Property
- Appellant is an aggrieved party that is not the Owner of the subject Property

**16. IF application is an appeal of a decision of the Building Official, please indicate the grounds for the appeal:**

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**IF MORE ROOM IS NEEDED TO ANSWER ANY OF THE ABOVE QUESTIONS, PLEASE SUBMIT AN ADDENDUM TO THIS APPENDIX WITH COMPLETE RESPONSES.**

*The undersigned acknowledge(s) and agree(s) that members of the Building Board of Review and its staff may enter upon 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 for any false statements.***

**Owner(s):**

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Signature

**Applicant(s)/Appellant(s):**

*Cristina Valerio*  
\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Signature

**All applicable requirements listed and described on the Instruction Sheet shall be met or this application will not be considered complete.**

**Please contact the Office of the Boards of Review with questions:**

**Telephone – 401-680-5375**

**Email – [bsath@providenceri.gov](mailto:bsath@providenceri.gov)**

**A fillable PDF copy of this document can be found online at the Boards of Review webpage linked from the Department of Inspection + Standards: <https://www.providenceri.gov/inspection-standards/>**