

**CITY OF PROVIDENCE**  
**DEPARTMENT OF INSPECTION + STANDARDS - ZONING DIVISION**  
444 Westminister Street, 1<sup>st</sup> Floor  
Providence, Rhode Island 02903  
(401) 680-5375

**APPLICATION FOR ADMINISTRATIVE MODIFICATION:**

REQUEST FOR RELIEF OF 15% OR LESS FROM A DIMENSIONAL STANDARD OF THE ZONING ORDINANCE  
PURSUANT TO ZONING ORDINANCE SECTION 1903, AND RI GENERAL LAWS § 45-24-46

**INSTRUCTIONS**

- Applications requesting an Administrative Modification shall be typewritten. However, the City abides by the Americans with Disabilities Act and will provide assistance to those who are disabled thereunder.
- Applications must be signed by the Applicant and the Owner. ***An applicant must be a person with a financial interest in the property, not an architect, engineer, draftsman, contractor, or attorney.*** Examples of a non-owner applicant include a current or potential tenant or purchaser.
- Applications must be accompanied by all items in the checklist included with this packet to be considered complete, unless otherwise exempted by the Zoning Official.
- Applications where the request for relief is 5% OR LESS are exempt from the requirement to include direct abutter information.

---

**REQUIRED FEES**

The fees required to accompany an application for an administrative modification are related to the cost of the required mailed notice and newspaper advertisement. Based on current rates (as of 2024), this cost is typically between \$650-\$700.

Once the number of mailed notices is determined and the newspaper advertisement is requested by Zoning Division Staff, an applicant will be notified as to the cost and will need to deliver payment to the Zoning Office in the Department of Inspection + Standards within 3 days.

**MAKE CHECK PAYABLE TO: PROVIDENCE CITY COLLECTOR - DIS.**

---

**ADMINISTRATIVE MODIFICATION INSTRUCTIONS, CONTINUED:**

**CHECKLIST OF SUPPORTING DOCUMENTATION REQUIRED WITH APPLICATION**

The following documents must be provided WITH your application. An application will not be considered complete until all applicable documents are submitted. Applications that require notice will not be processed until the required fees are collected.

\_\_\_\_\_ **DEED:** The most current deed(s) on file in the office of the Recorder of Deeds, to verify ownership of the subject property.

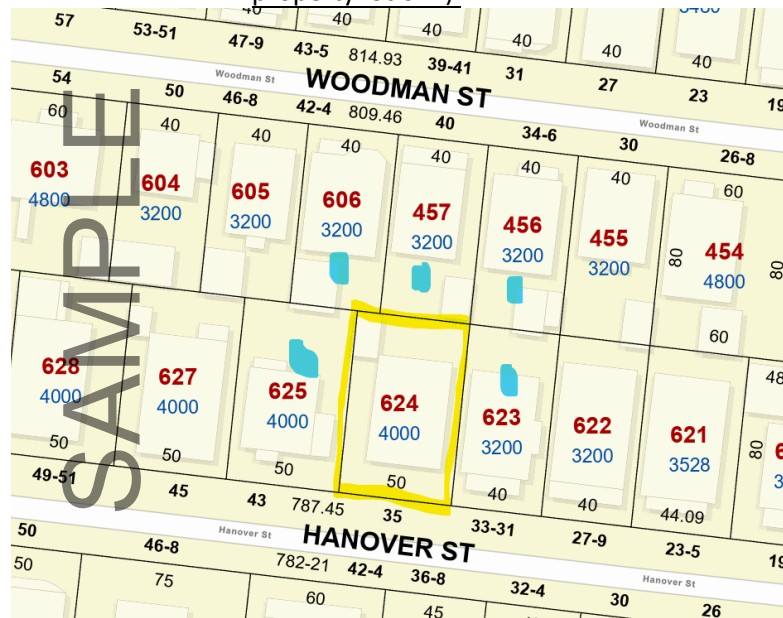
\_\_\_\_\_ **PLAN(S):** One complete set of plans (preferably 11x17 size) with all applicable dimensions and notes legibly notated (scaled architectural drawings of the proposed building(s) or alteration(s); site plans; parking plans, landscaping plans, etc.). Your plans should detail exactly what you intend to do.

*\*\*All plans must be signed by the author and must contain the author's full name, address, email address, and telephone number.*

**DIRECT ABUTTER INFORMATION:**

\_\_\_\_\_ A plan/map showing the subject property and all directly abutting properties with identifying lot numbers. A screen grab of the location from the *Where's my Parcel and What's my Zone* web application can be used for this requirement and is available here: <https://providence-gis-hub-pvdgis.hub.arcgis.com/>

SAMPLE Direct Abutters Plan (lots 625, 606, 457, 456, + 623 are direct abutters of subject property lot 624):



\_\_\_\_\_ One list corresponding to all directly abutting properties containing the following information, consistent with the latest data available in the office of the Providence Tax Assessor:

- The plat and lot number of each directly abutting property
- The corresponding names and MAILING addresses, including zip codes, of all property owners of each plat and lot number listed.

\_\_\_\_\_ One set of mailing labels with names and full MAILING ADDRESSES of each property owner(s) of the directly abutting properties.

**CITY OF PROVIDENCE  
DEPARTMENT OF INSPECTION + STANDARDS - ZONING DIVISION**

**APPLICATION FOR ADMINISTRATIVE MODIFICATION REQUEST**

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

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

---

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

---

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

---

**1. Street Address of Subject Property:** \_\_\_\_\_  
**Plat and Lot Numbers of Subject Property:** \_\_\_\_\_

**2. Base Zoning District(s):** \_\_\_\_\_  
**Overlay District(s):** \_\_\_\_\_

**3. Dimensions of each lot:**

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

**4. Legal Zoning Use of the Property as recorded in the Dept. of Inspection & Standards:**  
\_\_\_\_\_

**5. List all Zoning Ordinance Sections from which an administrative modification is sought, and the degree of the relief for each item sought:**

<u>Section Number</u>	<u>Section Title + Quantity of the relief (e.g., 17' setback where 20' are required)</u>
_____	_____
_____	_____
_____	_____

6. Summarize the changes proposed for the Property and the need for the dimensional relief via Administrative Modification (use, construction/renovation, site alteration, etc.):

---

*The undersigned 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 with their attorneys for any false statements. As indicated on the instructions page, this application may not be signed by an attorney on behalf of their client(s).***

**Owner(s):**

**Applicant(s):**

---

Type Name

---

Type Name

---

Signature

---

Signature

---

Type Name

---

Type Name

---

Signature

---

Signature

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

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