

OCT 03 2024

CITY OF PROVIDENCE BUILDING BOARD OF REVIEW

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

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: Lofty Ambitions LLC c/o Jill Sutt Applicant Mailing Address
Email: jemilysutton@gmail.com Street: 219 Blackstone Blvd
Phone: 313-550-6582 City, State, Zip: Providence, RI 02906

Owner: Lofty Ambitions LLC c/o Jill Sutt Owner Mailing Address
Email: jemilysutton@gmail.com Street: 219 Blackstone Blvd
Phone: 313-550-6582 City, State, Zip: Providence, RI 02906

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: BLDG-24-1168

2. Street Address of Subject Property: 349 Wayland Ave, Providence, RI 02906

Assessor's Plat and Lot Numbers of Subject Property: Plat 39 Lot 187

3. Base Zoning District(s): R-1 Zone

Overlay District(s): N/A

4. Date owner purchased the Property: 2/29/24

5. Building construction type(s): 5B

6. Dimensions of each lot:

Lot # <u>187A</u>	Width <u>100' +/-</u>	Depth <u>100' +/-</u>	Total area <u>8,494 SF</u> ±sq. ft.
Lot # <u>187B</u>	Width <u>50' +/-</u>	Depth <u>100' +/-</u>	Total area <u>6,506 SF</u> ±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 <u>1,700 SF</u>
Overall Height _____	Overall Height <u>20'1"</u>
# of Stories _____	# of Stories <u>2</u>

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: Single Family Dwelling with Carriage House

10. Proposed Zoning Use of the Property: Parcel A - Single Family Dwelling, Parcel B - Single Fan

11. Number of Parking Spaces:

of existing spaces 4 # of proposed spaces 4

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):

Renovations to convert the existing carriage house into a single family dwelling.

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

<u>Section Number</u>	<u>Section Title + Required relief (e.g. dimensional deficiency of 6" on a landing)</u>
<u>Table R 302.1</u>	<u>Exterior Walls - For a fire separation distance of 1.5 feet (facing east) a n</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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:

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):

Jill Sutton, President Lofty Ambitions LLC

Type Name

By: Jill Sutton on behalf of Lofty Ambitions LLC
Signature

Type Name

Signature

Applicant(s)/Appellant(s):

Jill Sutton, President of Lofty Ambitions LLC

Type Name

By: Jill Sutton on behalf of Lofty Ambitions LLC
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

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/>

