



TOWN OF SOUTH KINGSTOWN

ZONING BOARD OF REVIEW APPLICATION

1. APPLICANT INFORMATION:

Applicant Name: People's Credit Union Name of Primary Contact if Organization: Benjamin Tallman
Applicant Address: 858 West Main Road, Middletown, RI 02842
Applicant Phone: (401) 619-1751 Applicant Email: btallman@peoplescu.com

2. OWNER INFORMATION:

Owner Name: 703 Kingstown Road, LLC Owner Phone: 401-932-3347
Owner Address: 703 Kingstown Road, South Kingst, RI

3. PROJECT INFORMATION:

Physical Address: 703 Kingstown Road Assessor's Plat: 51-1 Assessors' Lot: 92 Zoning District: CH
Required Zoning Setbacks: Front yard 40 Rear Yard 40 Side Yard Right 30 Side Yard Left 30 Corner Side Yard

4. APPLICATION FOR:

Special Use Permit Dimensional Variance Use Variance Dimensional Modification by Zoning Officer

5. LOT SPECIFICATIONS:

Lot Frontage: 141 ft. Lot Depth: 190 ft. Lot Area: 30,325 ft.

6. USE OF PREMISES:

Present Use: C # of families: N/a Proposed Use: C # of families: N/a

7. EXISTING STRUCTURES:

Number of Existing Buildings or Structures Present: 1

Size of Existing Structures: 2161 sf; sf; sf; sf

Distance from Property Lines of Existing Structures:

	Structure 1	Structure 2	Structure 3	Structure 4
Front Yard:	<u>68.8</u> ft.;	<u> </u> ft.;	<u> </u> ft.;	<u> </u> ft.
Rear Yard:	<u>40</u> ft.;	<u> </u> ft.;	<u> </u> ft.;	<u> </u> ft.
Side Yard Right:	<u>32</u> ft.;	<u> </u> ft.;	<u> </u> ft.;	<u> </u> ft.
Side Yard Left:	<u>54</u> ft.;	<u> </u> ft.;	<u> </u> ft.;	<u> </u> ft.
Corner Side Yard:	<u> </u> ft.;	<u> </u> ft.;	<u> </u> ft.;	<u> </u> ft.

8. WATER AND SOLID WASTE

Water: Town Water Well Other
Waste: Town Sewer Septic Other

9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:

Total Square Feet: 2836 sf. Width: 78 ft. Length: 42 ft.
Height Above Grade: 28 ft. Number of Stories: 1

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:

Front Yard: N/a ft. Rear: N/a ft. Side Yard Right: N/a ft.
Side Yard Left: N/a ft. Corner Side Yard: N/a ft. Height: _____ ft.

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:

Section and Use (if known): Special Use Permit - Section 504 (Drive Thru Windows - with Development Standards)

12. DESCRIBE THE EXTENT OF PROPOSED ALTERATIONS, STATE REASONS WHY YOU ARE REQUESTING RELIEF:

We are seeking a Special Use Permit pursuant to the Zoning Text Amendment approved by the South Kingstown Town Council on July 22, 2024. The Zoning Text Amendment allowed Accessory Drive Up Windows in the Commercial Highway Zone via a Special Use Permit - with development standards. The Zoning Text Amendment application is attached to this application for reference.

Based on the submitted plans, this application meets all of the development standards outlined in the text amendment. We will present evidence at the hearing to meet the following requirements:

- 1. The lot area is more than 20,000 sq. ft.
- 2. There is adequate off street parking and sufficient on-site stacking areas to accommodate at least two queued vehicles entering the site waiting to park or approach the window, and at least three queued vehicles exiting the site.
- 3. The accessory drive-thru window(s) will be properly located within the parking and circulation plan to avoid any effect on off-site vehicular or pedestrian traffic, and the drive-thru window will not be located on any building façade which faces a public street.
- 4. All vehicular entrances and exits shall be controlled by curbing
- 5. All other dimensional and parking requirements for the site will be met.

ZONING BOARD OF REVIEW RULES OF PROCEDURE ITEM K: "Reports from expert witnesses should be submitted with the application or ten (10) days prior to the hearing to give the Zoning Board sufficient review time. If a report is submitted at the time of the hearing, the Chairman may rule on whether the Zoning Board will continue to another meeting to give the Zoning Board time to review the reports."

Preparation of this Application and all necessary documentation is the sole responsibility of the Applicant. Town Staff's help in preparations of any facet of this applications, including abutter's list is for assistance only. The staff cannot give the applicant advice on the merits of the application nor can they render legal opinions.

The undersigned declares that the information given herein is a true statement to the best of his/her knowledge and belief.

Applicant Signature(s) [Signature]
Applicant(s) Printed Name Benjamin Tallman Date: 9/26/2024
Attorney / Other (if applicable) James M. Callaghan Date: 9/26/2024

Office Use Only

Received By: _____ Payment Amt. _____ Check # _____ Legal Notice Mailed: _____ Cert. Receipts Received: _____