

PELOQUIN

Trout Brook Lane

PLAT 7 Lots 28, 139, 140,

Zone REA & RA



**TOWN of NORTH SMITHFIELD
PLANNING DEPARTMENT**

One Main Street
Slatersville, RI 02876
Phone: 767-2200 Fax: 766-0016

APPENDIX B: APPLICATION FOR SUBDIVISION AND LAND DEVELOPMENT PROJECTS

The undersigned owner of land hereby requests to be placed on the agenda of the North Smithfield Planning Board and state that the required information detailed in the Subdivision Regulations of the Town of North Smithfield have been presented to the Administrative Officer.

CALE P. KEABLE of KEABLE LAW P.C.
is hereby designated as the person to whom legal process may be served in condition with any proceedings arising out of this application. I/We also certify that the undersigned is the owner of the property designed below:

Name of Project: TROUT BROOK RESUBDIVISION Date: 1/21/25

Classification

- ☒ Minor
☐ Major

Type of Project

- ☐ Administrative
☒ Subdivision
☐ Land Development Project

Review Stage

- ☐ Pre-Application/Concept
☐ Master Plan
☐ Preliminary Plan
☐ Final Plan

1. Assessor's Plat(s) 7 Assessor's Lot(s) 28, 139, 140, UNASSIGNED LOT NUMBER
2. Number of Lots: 4 3. Zoning Designation(s): REA + RA

4. Street Name: TROUT BROOK LANE

5. Divider/ Developer: WILLIAM PELOQUIN

6. Divider's/ Developer's Name: WILLIAM PELOQUIN
(Please Print)

Divider's/ Developer's Name: William Pelquin
(Signature)

7. Names, addresses, and signatures of all persons with 10% or more interest:

William Pelquin WILLIAM PELOQUIN
Paul A. Fontaine Joanne M. Fontaine PAUL A. FONTAINE + JOANNE M. FONTAINE
(Signature) (Signature) (Please Print)
Marc Branchard Leslie Lafont-Bouchard
(Signature) (Signature) (Please Print)

8. Surveyor/ Engineer/ Attorney/ Representative: _____

Name: CALE P. KEABLE

Address: 515 CAMP DIXIE RD., PASCOA, RI 02859

Daytime Telephone # 401-710-1239 Facsimile # CALE.KEABLE@GMAIL.COM

(The owner hereby grants permission to Planning Board members and other Town officials to enter the designated property for the purpose of inspection after notifying the owner 48 hours in advance of site visit.)



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

TOWN OF NORTH SMITHFIELD

ZONING BOARD OF REVIEW

APPLICATION FOR VARIANCE OR SPECIAL USE PERMIT

Check Each Type Zoning Relief Sought: ☒ Variance ☐ Use *

☒ Variance – Dimensional*

☐ Special Use Permit **

* Attach Appendix A to apply for a Use or Dimensional Variances

** Attach Appendix B to apply for a Special Use Permit

Applicant: WILLIAM PELOQUIN

Address PO BOX 739, SLATERSVILLE, RI

Zip Code 02876 Phone 401-744-2943 Home/Office /Mobile

E-mail BEARCUBS 1985 @ GMAIL.COM

Owner: WILLIAM PELOQUIN

Address 6 EATON STREET, NORTH SMITHFIELD, RI

Zip Code 02896 Phone 401-744-2943 Home/Office/ Mobile

E-mail BEARCUBS 1985 @ GMAIL.COM



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

Lessee: N/A

Address _____

Zip Code _____ Phone: _____ Home/Office Mobile _____

E-mail _____

Does the proposal require review by any of the following (check each):

☒ Planning Board

☐ Historic District Commission

☐ Other

1. Location of Property: TERMINUS OF TROUT BROOK LANE

Street Address

2. Zoning District(s): RA / REA

Special purpose or overlay district(s): GROUNDWATER OVERLAY PROTECTION DISTRICT

3a. Date owner purchased the Property:

30+ YEARS OF FAMILY OWNERSHIP

3b. Month/year of lessee's occupancy: N/A

3. Dimensions of each lot: AS PROPOSED

VARIANCE
REQUESTED
FOR

Lot # 28 Frontage 21'± ON POUND HILL ROAD
26' ON TROUT BROOK LANE depth 500'± Total area 374,300± sq. ft. 8.59 ± ACRES

Lot # 139 Frontage 195.99' depth 225'± Total area 108,240 sq. ft. 2.48 ACRES

Lot # 140 Frontage 227.77' depth 350'± Total area 127,467 sq. ft. 2.93 ACRES



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

4. Size of each structure located on the Property:

Principal Structure: Total gross square footage NONE

Footprint Height Floors

Accessory Structure: Total gross square footage NONE

Footprint Height Floors

5. Size of proposed structure(s): Total gross square footage:

3200 ± S.F.

Footprint 3200 ± S.F. Height 34' ± Floors 2

6a. Existing Lot coverage: (include all buildings, decks, etc.)

0%

6b. Proposed Lot coverage: (include new construction)

< 1%

7a. Present Use of Property (each lot/structure):

VACANT LOT

7b. Legal Use of Property (each lot/structure) as recorded in the Office of the Building and Zoning Official

RESIDENTIAL VACANT LOT

8. Proposed Use of Property (each lot/structure):

RESIDENTIAL DWELLING



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

9. Number of Current Parking Spaces: NONE

10. Describe the proposed construction or alterations (each lot/structure):

PROPOSED RESIDENTIAL DWELLING AND ASSOCIATED

ACCESSORY STRUCTURES AND IMPROVEMENTS

(GARAGE, POOL, ETC.)

11. Are there outstanding violations concerning the Property under any of the following: NONE KNOWN

NO Zoning Ordinance

NO RI State Building Code

NO North Smithfield Town Ordinance

12. List all Sections of the Zoning Ordinance from which relief is sought and description of each section:

N.S. ZONING SECT. 340 - 2.2 NON-CONFORMING LOTS OF RECORD



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

13. Explain the changes proposed for the Property.

ALL PARTIES HAVE AGREED TO RECONFIGURE 4 EXISTING
PARCELS INTO 3 RESIDENTIAL LOTS ALLOWING THE APPLICANT
TO BUILD ON HIS CURRENT VACANT LOT AND PROVIDING
ADDITIONAL PRIVACY TO THE EXISTING 2 ABUTTERS DWELLING
UNITS.



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

The undersigned acknowledge(s) and agree(s) that members of the Zoning Board of Review and its staff may enter upon the exterior of 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 with their attorneys for any false statements.

Owner(s):

Applicant(s):

William S. Pelquin

Print Name

William S. Pelquin

Print Name

William S. Pelquin

Signature

William S. Pelquin

Signature

All requirements listed and described in the Instruction Sheet must be met or this application will not be considered complete or vested



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

APPENDIX A

APPLICATION FOR VARIANCE(S)

Rhode Island General Laws § 45-24-41(c) requires that the Applicant for a variance demonstrate:

- (1) That the hardship from which the applicant seeks relief is due to the unique characteristics of the subject land or structure and not to the general characteristics of the surrounding area; and is not due to a physical or economic disability of the applicant, excepting those physical disabilities addressed in § 45-24-30(16);
- (2) That the hardship is not the result of any prior action of the applicant and does not result primarily from the desire of the applicant to realize greater financial gain;
- (3) That the granting of the requested variance will not alter the general character of the surrounding area or impair the intent or purpose of the zoning ordinance or the comprehensive plan upon which the ordinance is based;
- (4) That the relief to be granted is the least relief necessary; and
- (5)
 - (a) For a use variance: That the land or structure cannot yield any beneficial use if it is required to conform to the provisions of the zoning ordinance;



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

(b) For a dimensional variance, that the hardship suffered by the owner of the subject property if the dimensional variance is not granted amounts to more than a mere inconvenience.

Please provide the following information:

1. What is the specific hardship from which the applicant seeks relief?

DISPUTE OVER STATUS OF RIGHT OF WAY

2. Specify any and all unique characteristics of the land or structure that cause the hardship?

BUILDABLE PORTION OF LOT ONLY ACCESSIBLE BY

TROUT BROOK LANE

3. (a) Is the hardship caused by an economic disability? Yes ___ No ☒

(b) Is the hardship caused by a physical disability? Yes ___ No ☒

(c) If the response to subsection (b) is "yes," is the physical disability covered by the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101 et seq.? Yes ___ No ___ N/A



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

4. Did the owner/applicant take any prior action with respect to the Property that resulted in the need for the variance requested? (Examples include, but are not limited to, any changes the owner/applicant made to the structure(s), lot lines, or land, or changes in use of the Property)? Yes ____ No ☒ If "yes," describe any and all such prior action(s), and state the month/year taken.

5. State any and all facts to support your position that the applicant is not seeking the variance(s) primarily in order to obtain greater financial gain.

APPLICANT IS PROPOSING 1 LOT INSTEAD OF 4.

6. State any and all facts that support your position that you are seeking the least relief necessary to lessen or eliminate the hardship (for example, why there are no viable alternatives to your proposed plan).

APPLICANT IS PROPOSING THE LEAST INTENSE VALUABLE

USE OF THE LAND AND PROVIDING THE ABUTTERS WITH

ADDITIONAL PRIVACY / BUFFER.



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

7. If you are seeking a USE VARIANCE, set forth all facts that demonstrate that the Property cannot have any beneficial use if you are required to use it in a manner allowed in the zoning district.

N/A

8. If you are seeking a DIMENSIONAL VARIANCE, set forth all facts that indicate that if the variance is not granted, the hardship the owner/applicant will suffer is more than a mere inconvenience.

IF VARIANCE IS NOT GRANTED, APPLICANT WILL NOT BE
ABLE TO ACCESS THE PROPERTY.



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

APPENDIX B

APPLICATION(S) FOR SPECIAL USE PERMIT

1. Identify the section(s) of the Ordinance that provides for the special use permit.

APPLICANT IS NOT SEEKING A SPECIAL USE PERMIT.

2. State all facts that demonstrate that the proposed special use will not substantially injure the use and enjoyment of neighboring property.

N/A

3. State all facts that demonstrate that the proposed special use will not significantly devalue neighboring property.

N/A



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

4. State all facts that demonstrate that the proposed special use will not be detrimental or injurious to the health or welfare of the community.

N/A



APPLICATION # _____

MEETING DATE: _____

Town of North Smithfield

Office of the Building and Zoning Official

AUTHORIZATION FOR REPRESENTATION

I We WILLIAM PELOQUIN of (company)

 authorize CALE B. KEABLE to

represent me/us in the matter before the North Smithfield Zoning Board of

Review

TERMINUS OF
regarding(address) TROUT BROOK LANE Plat 7 Lot 28.

Owner (Print) WILLIAM PELOQUIN (Sign) William Pelquin

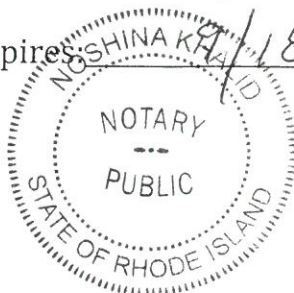
Date 1-21-25

Owner (Print) n/a (Sign) William Pelquin

Date 1-21-25

Notary Public (Sign): [Signature]

My term expires 9/18/2028



Date 1/21/25