



Town of Bristol, Rhode Island

10 Court Street
 Bristol, RI 02809
www.Bristolri.us
 401-253-7000

APPLICATION FOR ZONING MAP CHANGE

1. The applicant must submit the following to the Director of Community Development who shall review the submission for completeness and forward same to the Town Council and Planning Board:

	Complete
a. Application Form (Page 3 see attached).	
b. A narrative explaining the proposal in detail, including intended use of property and the reason for the zone change request.	
c. Application fee of \$1,000 to cover the cost of advertising, the cost of mailing notices; and, the cost of recording the change on the Town's zoning map. The Applicant must pay any deficits.	
d. A map showing the area to be rezoned.	
e. A map showing the property within 200 feet of the perimeter of the area being rezoned including, existing and proposed boundaries, zoning district boundaries, existing streets and roads and their names; and, where appropriate, town boundaries. Note: This map must be clear and legible since it will be part of the newspaper advertisement.	
f. A list with the names and addresses of the current property owners within 200 feet of the perimeter of the area being rezoned. This information must also be provided on three (3) sets of standard mailing labels for notice.	
g. A legal description of the land being rezoned.	
h. A concept plan for proposed development (master plan level detail)	
i. A narrative, with specific citations, indicating how the proposal is consistent with the Comprehensive Plan; or, identifying where it is inconsistent and indicating what Plan changes are needed.	

2. The Planning Board shall report to the Town Council within 45 days after receipt of the proposal giving its findings and recommendations including a statement of consistency with the Comprehensive Plan.
3. A public hearing by the Town Council must be held within 65 days after receipt of the proposal, with the following notice requirements:
 - A **display** advertisement, including the map, in the newspaper (Bristol Phoenix and/or Providence Journal) at least once each week for **3 consecutive weeks**, which may include the week in which the hearing is to be held, prior to the date of the hearing;
 - At least **2 weeks** prior to the date of the hearing, written notice to the property owners within **200 feet** of the perimeter of the area to be rezoned shall be sent by **certified mail return receipt requested**;
 - At least **2 weeks** prior to the hearing, written notice shall also be sent to the Associate Director of the RI Division of Planning by certified mail;
 - If the subject area is within 200' of the Town of Warren, notice shall also be mailed to the Warren Town Council; and,
 - If subject area is within 2000' of the Touisset Point Water Trust wells, notice shall also be mailed to the Trust.
4. Within 45 days after the close of the hearing, the Town Council shall a render a decision on the proposal. In granting an approval, the Town Council may impose limitations, conditions, and restrictions. (Refer to Section 1102 of the Zoning Ordinance.)
5. If the rezoning is granted, the Director of Community Development shall have the zoning map amended to reflect the new zone within 90 days.



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APPLICATION FORM FOR ZONING MAP CHANGE

1. Name of Applicant _____

Address _____

2. Name of Owner _____

Address _____

If Owner is different from applicant, a notarized statement from the owner authorizing the applicant to make the zone change request on their behalf is required.

3. Property Address _____

4. Tax Assessor's Plat(s) _____ Lot(s) _____

5. Current Zoning _____

6. Requested Zoning _____

7. Area of Subject Property _____ (in square feet or acres)

8. Is the subject area:

_____ In a Flood Zone ; if yes, indicate which one _____

_____ In the Historic District;

_____ Serviced by Public Water;

_____ Serviced by Public Sewer.

I hereby certify that all information provided above and on any attached maps and reports is correct and true and that all requirements for a zone change have been met.

Signed _____

Date _____

Print Name _____