

**CITY OF EAST PROVIDENCE, RHODE ISLAND  
APPLICATION FOR ADMINISTRATIVE SUBDIVISION  
FORM A**

(File with the Department of Planning, City Hall, 145 Taunton Ave., Room 206, East Providence)

Type or print clearly

1. Applicant(s) Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ email \_\_\_\_\_
2. Owner(s) Name(s) (**please list all owners for all involved parcels**)  
 Parcel\_\_\_\_(#) Name\_\_\_\_\_ Parcel\_\_\_\_(#) Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

IDENTIFY OWNERS FOR **ALL** INVOLVED PROPERTY (ALL OWNERS MUST SIGN THE APPLICATION)  
 A TITLE REPORT MAY BE REQUIRED FOR *EACH* LOT  
 ANY DEEDS OF CONVEYANCE ARE THE RESPONSIBILITY OF THE APPLICANT(S)/OWNER(S)

3. Land Surveyor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ email \_\_\_\_\_

**Final Topographic Grades Indicative of Post-Construction Activities Shall be Shown on the Plans**

4. Assessors Map/Block/Parcel Numbers (*list for all involved properties*)  
 \_\_\_\_\_
5. Street Address of Properties \_\_\_\_\_
6. Zoning\_\_\_\_\_ 6.B. Comprehensive Plan Consistency\_\_\_\_Y\_\_\_\_N
7. Any Covenants, Conditions, Restrictions on the land? \_\_\_\_\_  
 For Informational Purposes Only. Private CCR's are not enforceable by the City.
8. Tax Certification Required (Attach to this form)

Applicant's Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Witness \_\_\_\_\_

**Owner's Certification:** "I or we) do hereby certify that (I am or we are) the only (owner or owners) of record of the property subdivided under this application, said property being described in deed(s) recorded in the East Providence Land Evidence Records at Book\_\_\_\_\_, Page\_\_\_\_\_, request this as (my or our) record plat for this property.

Owner Signature \_\_\_\_\_ Owner Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Witness \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
File # _____	Fee \$ 100 Paid? <input type="checkbox"/>	Check # _____	Date Submitted _____
COC _____	Action and Date _____	Plan Signed _____	Received by (initial) _____
Appeal _____	(Note None or Date of Appeal)	Recorded _____	(Date)
Other Action(s) Required? _____	Refer to P.B.? <input type="checkbox"/> Y <input type="checkbox"/> N	(Date and Land Evidence Recording reference)	