

CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR MINOR SUBDIVISION - PRELIMINARY PLAN FORM B 1

Any deeds of conveyance associated with approved final plans are the responsibility of the applicant(s)/owner(s)

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

1. Applicant(s) Name: _____
Address: _____
Tel: _____ email: _____

2. Owner(s) Name (if different) _____
Address _____
Tel: _____ email: _____

3. Land Surveyor's Name: _____
Address: _____
Tel: _____ email: _____

Plans shall be submitted in paper and electronic format. For the Final Plan, final topographic grades indicative of post-construction activities shall be shown on the plans. An electronic file of the final subdivision and the as-built plans are required.

4. Assessors Map/Block/Parcel Number(s): _____

5. Street Address of Property: _____

6. A. Zoning: _____ 6.B. Proposed Density/Acre: _____ 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. A: Title Report: (Attach to this form) 8 B: 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(s) 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's Signature: _____
Date: _____
Witness: _____

FOR OFFICE USE ONLY

File # _____ Fee: \$ 125 plus \$10 per lot (No Street) Check # _____ Date Submitted _____
Fee: Street Extension or Creation: \$325 plus twenty-dollar (\$20) per lot Check # _____
Received by (initial) _____ Street Creation or Extension ? Yes____ N____ # of Lots _____
COC _____ Date of Display Ad _____ Public Hearing Date (if required) _____
Action and Date: _____
Appeal: _____ Plan Signed: _____

(Note: None or date of Appeal) Other Action(s) Required? _____ (Date) _____