

**CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR DEVELOPMENT PLAN REVIEW,
LAND DEVELOPMENT PROJECT, AND/OR SUBDIVISION
FORM B**

(File with the Department of Planning, City Hall, 145 Taunton Ave., Room 309, East Providence)

Type or print clearly

1. Applicant(s) Name _____
Address _____
Phone Number (_____) _____ Email _____

2. Owner(s) Name (if different) _____
Address _____
Phone Number (_____) _____ Email _____

3. Assessors Map/Block/Parcel Number(s)

4. Street Address of Property _____

5. Any Covenants, Conditions, Restrictions (CCRs) on the land? _____
*For Informational Purposes Only. Private CCRs are not enforceable by
the City.*

Applicant's Signature _____ Date _____

Witness _____ Date _____

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 approval of this application for (check all that apply)

- Development Plan Review / Land Development Project
- Subdivision.

Owner's Signature _____ Date _____

Witness _____ Date _____