CITY OF WOONSOCKET, RHODE ISLAND

Woonsocket Planning Board

City Hall- 169 Main Street- Woonsocket, Rhode Island 02895-4376

Telephone # 401-762-6400 – Facsimile # 401-766-9312

APPLICATION FOR ADMINISTRATIVE SUBDIVISION & Activities Record

The undersigned hereby requests the review of a proposed Administrative Subdivision, as detailed below, in accordance with the *City of Woonsocket, Rhode Island, Subdivision and Land Development Regulations.* I/we hereby designate _____ of [address] _____ as the person to whom legal process may be served in connection with any processing arising out of this application.

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1. Title of the Proposed Division _____

Nearest Public Street(s) _____

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2. Current Parcel(s):

	Parcel A	Parcel B	Parcel C	Parcel D	Parcel E
Assessor's Plat & Lot	___/___	___/___	___/___	___/___	___/___
Lot size (sq. ft.)	_____	_____	_____	_____	_____
Street Frontage (lin. ft.)	_____	_____	_____	_____	_____
Zoning Designation	_____	_____	_____	_____	_____

3. Proposed Parcel(s):

	Parcel A	Parcel B	Parcel C	Parcel D	Parcel E
Lot size (sq. ft.)	_____	_____	_____	_____	_____
Street Frontage (lin. ft.)	_____	_____	_____	_____	_____

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4. Applicant(s)

5.

Name _____ Street Address: _____

City _____ State _____ Zip Code _____

Name _____ Street Address: _____

City _____ State _____ Zip Code _____

Signature _____ _____

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6. Property Owner(s)

I/we acknowledge ownership of all property shown to be ours on the submitted subdivision plans. (Misrepresentation of ownership shall render any subdivision approvals null and void)

Name(s) _____ Street Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Property Owner's Signature(s) _____

Name(s) _____ Street Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Property Owner's Signature(s) _____

Notary Public's Signature _____
Printed Name: _____
My Commission Expires: _____

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7. Land Surveyor/Professional Engineer

Name _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone # _____ Fax _____ E-mail _____

Office Use Only

Receipt of this Application for Administrative Subdivision and accompanying fee are hereby acknowledged:

$ _____
Amount of Fee

_____ _____ _____
Date Staff Signature Title

NOTE: A minimum of six (6) legible copies of all required plans and materials must be submitted along with this application. Consult the *Subdivision and Land Development Regulations of the City of Woonsocket, Rhode Island* which may be obtained by calling 401-762-6400 or at www.woonsocketri.org for more details on requirements for submission.

This application has been reviewed by the Administrative Officer and has been deemed complete for the purposes of commencing the review period. A Certificate of Completeness was issued on _____, 20____.

_____	_____	_____
Date	Signature of Administrative Officer	Title

Record of Submittals:

Plat _____ Date _____
Other _____ Date _____

Record of Application for an Administrative Subdivision Review

Plat _____ Approved/Denied _____ Date ____/____/____
Recorded _____ Book _____ Page _____ Date ____/____/____

Comments:_____
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