



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 MINOR SUBDIVISION/MINOR LAND DEVELOPMENT

Not Involving the Creation or Extension of a Public Street

& Activities Record

The undersigned hereby requests the review of a proposed Minor Subdivision/Minor Land Development, 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.

1. Title of the Proposed Division _____

Nearest Public Street(s) _____

2. Current Parcel(s):

Assessor's Plat & Lot _____

Lot size (sq. ft.) _____

Street Frontage (lin. ft.) _____

Zoning Designation _____

3. Proposed Parcel(s):

Proposed Number of Lots _____

Proposed Number of New Streets _____

4. Applicant(s)

Name _____ Street Address: _____

City _____ State _____ Zip Code _____

Name _____ Street Address: _____

City _____ State _____ Zip Code _____

Signature _____

5. 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: _____

6. Land Surveyor/Professional Engineer

Name _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Fax _____ E-mail _____

Office Use Only

Receipt of this Application for Minor Subdivision/Minor Land Development and accompanying fees are hereby acknowledged.

Preliminary Plan Review \$ _____
Amount of Fee

Date Staff Signature Title

Final Plan Review \$ _____
Amount of Fee

Date Staff Signature Title

