WOONSOCKET PLANNING BOARD

APPLICATION FOR DESIGN REVIEW COMMISSION APPROVAL

Date of Application: _____

Applicant's Name: _____
Address: _____
_____
Telephone # _____ Fax _____ E-mail: _____

Property Owner's Name:
_____
Address:
_____

_____
Telephone # _____ Fax: _____ E-mail _____

Location of Property: _____
Woonsocket, Rhode Island 02895

Assessor's Plat _____ Lot(s) _____ Zoning District: _____

Current Use _____ Proposed Use: _____

Project Description:
_____
_____
_____
_____
_____
_____
_____
_____.

List of Submitted Plans:

_____
_____
_____
_____
_____
_____
_____
_____.

Certification:

I/ we hereby certify that the foregoing information is true and accurate to the best of my/own knowledge and belief.

Signed: _____ _____
Applicant Date

Signed: _____ _____
Property Owner Date

Office Use Only

Receipt of this Application for Design Commission Review and accompanying fees are hereby acknowledged.

Preliminary Plan Review $ _____
Amount of Fee

_____ _____ _____
Date Staff Signature Title