



TOWN OF EAST GREENWICH

APPLICATION for LAND DEVELOPMENT & SUBDIVISION of LAND

Planning Department
125 Main Street
P.O. Box 111
East Greenwich, RI 02818

(401) 886-8645
FAX (401)886-8657

www.eastgreenwichri.com

COMPLETE ALL QUESTIONS PLEASE PRINT

Applicant _____
Address _____ Phone _____
_____ FAX _____
_____ Email _____

Property Owner _____
Address _____ Phone _____
_____ FAX _____
_____ Email _____

Type: Minor Subdivision ___ Major Subdivision ___ Land Development ___
Pre-Application ___ Master Plan ___ Preliminary Plan ___ Final Plan ___
Application Date: _____ Application Fee: _____ Paid: Yes ___ No ___

Applicant's Engineer/Land Surveyor _____
Address _____ Phone _____
_____ FAX _____

Applicant's Attorney _____
Address _____ Phone _____
_____ FAX _____

Assessor's Plat(s): _____ Lot(s): _____
Frontage Road(s): _____ Frontage (feet): _____
Street Address and/or Pole Number: _____
Current Zoning District(s): _____ Proposed Zoning: _____
CompPlan Amendment(s) Required: _____
ZBR approval(s) Required: Special Use Permit _____ Dimensional Variance(s) _____ Use Variance _____
Development and Subdivision Review Regulations Waivers Required (Please list): _____

Total Project Area (acres) _____ Total Number of Units _____ Total Bedrooms _____
Square Footage of Commercial floor area:(gross) _____ (net) _____
Location of Nearest Public Water Service _____
Location of Nearest Sanitary Sewer Service _____
Topography (describe) _____
Wetlands (describe) _____
Other Development(s) by the Applicant in East Greenwich - Name: _____
Location: _____
Name of Proposed Development or Subdivision (required): _____
_____ (no duplication of existing names)

Attest: The information provided on this application is true and accurate:

Applicant's Signature _____ Date: _____

Please Print Name _____

Owner's Signature _____ Date: _____

Please Print Name _____