# City of Woonsocket, RI

Application: Subdivision Plan | Land Development Project
Unified Development Review
Design Review | River Corridor Review

Application checklists and fee schedules are available from the DPD: Planning Division page of www.woonsocketri.gov. Application review will not commence until a complete application and payment has been received and verified by the Administrative Officer.
**Indicates a required entry or section*

1. ***Date:** _____ ***Project #:** _____

2. ***Project Address:** _____

3. ***Project Classification (*assigned by DPD staff*):** _____

4. ***Project Title:** *(should match title on plans)* _____

5. ***Project Narrative:** _____

**6.** *Is this application an Adaptive Reuse Project? *(if no, skip to section 7)*

☐ YES ☐ NO

a.) Will it include affordable housing? ☐ YES ☐ NO

b.) Will any part of the building be demolished? ☐ YES ☐ NO

c.) For what and how much? _____

_____

_____

_____

**7.** ***Current Parcel(s)** *(include additional sheets if needed)*

| | **Parcel 1** | **Parcel 2** | **Parcel 3** | **Parcel 4** |
|---|---|---|---|---|
| Tax Map & Lot: | _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ |
| Address: | _____ | _____ | _____ | _____ |
| Lot size: *(sq. ft.)* | _____ | _____ | _____ | _____ |
| Zoning: | _____ | _____ | _____ | _____ |

**8.** ***Applicant**

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**Applicant Capacity:**

☐ Property Owner ☐ Architect / Engineer ☐ Authorized Agent ☐ Contractor

☐ Attorney ☐ Tenant ☐ Other: _____

**Applicant 2** *(if applicable. use additional sheets if more than two Applicants)*

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**9.** ***Property Owner** *(if different from Applicant)*

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**Property Owner 2** *(if different from above. use additional sheets if more than two property owners)*

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**10.** ***Land Surveyor**

Name: _____ Lic. Number: _____ Firm: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**Civil Engineer**

Name: _____ Lic. Number: _____ Firm: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**Other Design Professional**

Name: _____ Lic. Number: _____ Firm: _____

Address: _____ City: _____

State: _____ Zip: _____

E-mail: _____ Phone: _____

**11.** ***Proposed Parcel(s)** *(Include additional sheets if needed)*

☐ This application is for Design Review and/or River Corridor Review only. *(skip to section 11)*

☐ Altering lot lines? **Parcel 1** **Parcel 2** **Parcel 3** **Parcel 4**

New lot size: *(sq. ft.)* _____ _____ _____ _____

☐ Merging lots? **Merged Parcel 1** **Merged Parcel 2** *(if applicable)*

Parcels being merged: _____ _____

New lot size: *(sq. ft.)* _____ _____

☐ Subdividing parcel(s)?

Into ten (10) or more lots? ☐ yes ☐ no Number of resulting lots: _____

Adding a new street or street extension? ☐ yes ☐ no If yes, number of new streets/extensions: _____

length of new streets/extensions: _____

**12.** ***Unified Development Review (UDR)**

**a.)** Does this application require a special-use permit? *(if no, skip to section 13)*

☐ YES ☐ NO

**b.)** Does this application require zoning relief (dimensional and/or use variance(s))? *(if no, skip to section 13)*

☐ YES ☐ NO

**c.)** If this application requires zoning relief, (dimensional and/or use variance(s)), describe required relief sought for each existing or proposed lot including relevant details such as existing use, proposed use, parking relief, etc. *(include a separate Project Narrative outlining the Standards for Hardship under RIGL § 45-24-41(d) and (e) as applicable)*

**13.** ***Design Review Commission (DRC) & River Corridor Review Commission (RCRC)**

**a.)** Does this application require DRC or RCRC review? *(if no, skip to section 14)*

☐ YES ☐ NO

**b.)** Is this application in the River Corridor Overlay District? If so, it requires review by the RCRC.

☐ YES ☐ NO

**c.)** Does this application need to be reviewed by the DRC? *(if **yes**, see below, if **no**, skip to section 14)*

☐ YES ☐ NO

☐ because it concerns a non-residential building, structure, or improvement in a C-1, C-2, MU-1, MU-2, orI-1 district.

☐ because it concerns a building, structure, or improvement associated with a use otherwise permitted only in a C-1, C-2, MU-1, MU-2, and I-1 district, that's been granted a variance or special-use permit by the Zoning Board of Review.

☐ because the Zoning Ordinance specifically requires DRC review for the proposed use (e.g., solar energy systems).

**14.** *__Fee Schedule__

☐ *(See applicable Stage of Review Checklist – Make all checks payable to: City of Woonsocket, RI)*

**15.** *__Signatures__

**Complete for All Applications:**

I, _____ [Applicant], hereby requests the review of a proposed subdivision and/or land development project application, as detailed above, in accordance with the *City of Woonsocket, Rhode Island, Subdivision and Land Development Regulations* and can attest that the information provided is complete and correct to the best of my knowledge.

_____ _____ _____

Applicant signature Date Notary Public signature

_____ _____

Notary Public name Commission expires

**Complete if Owner and Applicant are different:**

I, _____ [Owner], hereby designate _____ [Applicant] as the person to whom legal process may be served in connection with any processing arising out of this application.

_____ _____ _____ _____

Owner signature Date Applicant signature Date

**Complete if undergoing review by the Design Review Commission and/or River Corridor Review Commission:**

I, _____ [Applicant], hereby requests review of this application by the Design Review Commission and/or the River Corridor Review Commission in accordance with the *City of Woonsocket, Rhode Island, Zoning Ordinance* and can attest that the information provided is complete and correct to the best of my knowledge.

_____ _____

Applicant signature Date