



City of Warwick

1 of 2

Subdivision and Land Development Application

Please complete all areas of this application in either black or blue ink only. Illegible or incomplete applications will be returned to the applicant. Please submit all supporting documentation as required by the appropriate checklists: failure to do so may result in the application being delayed or denied.

APPLICATION	Application Date: _____		
	APPLICATION TYPE:		
	___ Administrative Subdivision		
	___ Minor Subdivision	___ Minor Land Development	
	Stage of Development:	___ PreApplication	___ Preliminary
	___ Major Subdivision	___ Major Land Development	
	Stage of Development:	___ PreApplication	___ Master
	___ Development Plan Review	___ Preliminary	___ Final
	Stage of Development:	___ Preliminary	___ Final
	___ Unified Development Review		
Other (Specify) _____			

CONTACT INFORMATION	Applicant		
	Name _____		
	Address _____		
	City _____	State _____	Zip Code _____
	Phone _____	Email _____	
	Owner (if different than above)		
	Name _____		
	Address _____		
	City _____	State _____	Zip Code _____
	Phone _____	Email _____	
	Preparers of Plans (list all, use separate paper if necessary)		
	Name _____		
	Address _____		
	City _____	State _____	Zip Code _____
	Phone _____	Email _____	
	Attorney		
	Name _____		
	Address _____		
	City _____	State _____	Zip Code _____
	Phone _____	Email _____	

DEVELOPMENT INFORMATION

Name of Development/Subdivision _____

Assessor's Plat/Lot Number(s) _____

Existing Land Use(s) _____

Frontage Road(s) /Street Address _____

Current Zoning (indicate all) _____

Total Acreage of Property (indicate all) _____

Minimum Lot Size Required by Zoning _____

Number of Proposed Lots: _____

Number of Proposed Dwelling Units: _____

Gross Floor Area of Proposed Commercial/Industrial Space: _____ sq ft.

Other (specify): _____

Zoning Approvals Required? _____ yes _____ no _____ Unified Development Review

Obtained? _____ yes _____ no

_____ Variance _____ Special Use Permit

List of zoning relief required: _____

Comprehensive Plan Amendment Required? _____ yes _____ no

Obtained? _____ yes _____ no

Area identified in Comprehensive Plan as _____

Explain: _____

Zone Change Required? _____ yes _____ no

Obtained? _____ yes _____ no

Explain: _____

Area of development considered land unsuitable for development _____

Requesting City Water? (see Water Supply Districts map) _____ yes _____ no

Requesting City Sewer? (see Sewer System map) _____ yes _____ no

NOTARIZED CERTIFICATION

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

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

State of Rhode Island, County of _____

In _____ on the ____ day of _____, 20__, before me personally, appeared to me known and known by me to be the person(s) executing this Application and he/she/they acknowledge said Application by him/her/them executed to be his/her/their free act and deed.

Notary Signature: _____ Printed Name: _____

My Commission expires on: _____ Seal/Stamp