City of Warwick

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
Stage of Development:

___ Minor Land Development
___ *PreApplication* ___ *Preliminary* ___ *Final*

___ Major Subdivision
Stage of Development:

___ Major Land Development
___ *PreApplication* ___ *Master*
___ *Preliminary* ___ *Final*

___ Development Plan Review
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