

City of Pawtucket
Subdivision Review Request Form
Subdivision Number: _____

Date: _____
Type: _____ Administrative _____ Minor _____ Major

Applicant's Name: _____
Address: _____
Telephone: _____

Owner's Name: _____
Owner's Signature: _____
Address: _____
Telephone: _____

Land Surveyor's Name: _____
Address: _____
Telephone: _____

	<u>Area</u>	<u>Area</u>
Property Address: _____	Plat: _____	Lot: _____
Property Address: _____	Plat: _____	Lot: _____
Property Address: _____	Plat: _____	Lot: _____

Zoning District: _____

Reason for subdivision request: _____

Use of Land

Plat: _____ Lot: _____ Present: _____ Proposed: _____
Plat: _____ Lot: _____ Present: _____ Proposed: _____
Plat: _____ Lot: _____ Present: _____ Proposed: _____

Will a new lot(s) be created upon which you or a future owner will build a structure? YES NO
Is Zoning Board approval required? YES NO If yes, explain: _____

Staff use only	
Date received: _____	By: _____
Fee Amount _____	Received: _____
Date Certified Complete: _____	By: _____
Technical Review Committee Meeting: _____	Action: _____ Approve _____ Deny _____ Other
CPC Meeting: _____	Action: _____ Approve _____ Deny _____ Other
Zoning Board Meeting: _____	Action: _____ Approve _____ Deny _____ Other
Recording Date: _____	