

CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION for: PRE-APPLICATION CONFERENCE

File with the Department of Planning, City Hall, 145 Taunton Ave., Room 309, East Providence

See Section 5 – 7 of the Regulations for Requirements

Type or print clearly

1. Applicant(s) Name _____
Address _____

2. Owner(s) Name (if different) _____
Address _____

3. Land Surveyor/Engineer Name _____
Address _____
4. Assessors Map/Block/Parcel Number(s) _____

5. Street Address of Property _____
6. Zoning _____
7. Any Covenants, Conditions, Restrictions on the land? _____
For Informational Purposes Only. Private CCR's are not enforceable by the City.

Applicant's Signature _____
Date _____
Witness _____

Owner's Signature _____
Date _____
Witness _____

FOR OFFICE USE ONLY		
Date Submitted _____	Date of Pre-Application Conference _____	Received by (initial) _____
Application is for: _____ Minor Subdivision _____ Major Subdivision _____ Land Development Project		
Fee \$ _____ (\$50 for Minor; \$100 for Major Subdivision or Land Development Project)		
Street Creation or Extension ? _____	# of Lots _____	Total s.f. for LDP _____
Other Action(s) Required? _____ (Yes or No)		
Explain _____		