

**CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR ADMINISTRATIVE SUBDIVISION
FORM A**

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

Type or print clearly

1. Applicant(s) Name _____
Address _____
2. Owner(s) Name(s) (**please list all owners for all involved parcels**)
Parcel ___ (#) Name _____ Parcel ___ (#) Name _____
Address _____ Address _____

IDENTIFY OWNERS FOR **ALL** INVOLVED PROPERTY (ALL OWNERS MUST SIGN THE APPLICATION)
A TITLE REPORT MAY BE REQUIRED FOR EACH LOT
ANY DEEDS OF CONVEYANCE ARE THE RESPONSIBILITY OF THE APPLICANT(S)/OWNER(S)

3. Land Surveyor's Name _____
Address _____
4. Assessors Map/Block/Parcel Numbers (*list for all involved properties*)

5. Street Address of Properties _____
6. Zoning _____
7. Any Covenants, Conditions, Restrictions on the land? _____
For Informational Purposes Only. Private CCR's are not enforceable by the City.
8. Tax Certification Required (Attach to this form)

Applicant's Signature _____
Date _____
Witness _____

Owner's Certification: "I or we do hereby certify that (I am or we are) the only (owner or owners) of record of the property subdivided under this application, said property being described in deed(s) recorded in the East Providence Land Evidence Records at Book _____, Page _____, request this as (my or our) record plat for this property.

Owner Signature _____ Date _____
Witness _____

Owner Signature _____ Date _____
Witness _____

FOR OFFICE USE ONLY

File # _____	Fee \$ _____	Date Submitted _____	Received by (initial) _____
COC _____	Action and Date _____	Plan Signed _____ (Date)	Recorded _____
Appeal _____ (Note None or Date of Appeal)	Other Action(s) Required? _____	(Date and Land Evidence Recording reference)	