

CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR MINOR SUBDIVISION - PRELIMINARY PLAN
FORM B 1

Any deeds of conveyance associated with approved final plans are the responsibility of the applicant(s)/owner(s)
 (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 (if different) _____
 Address _____
3. Land Surveyor's 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.
8. Title Report _____ (Attach to this form) _____ 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(s) 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's Signature _____
 Date _____
 Witness _____

FOR OFFICE USE ONLY		
File # _____	Date Submitted _____	Received by (initial) _____
Fee \$ _____	Street Creation or Extension ? _____	# of Lots _____
	(Yes or No)	
COC _____	Date of Display Ad _____	Public Hearing Date (if required) _____
Action and Date _____	Prel. & Final Combined ? _____	
Appeal _____	Plan Signed _____	
(Note: None or date of Appeal)	Other Action(s) Required? _____	(Date)