CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR MINOR SUBDIVISION - FINAL PLAN
FORM B 2

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 _____

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's Signature _____
Date _____
Witness _____

FOR OFFICE USE ONLY
File # _____ (*Same as Preliminary Plan*) Date Submitted _____
Received by (initial) _____
Fee $ _____ Street Creation or Extension ? _____ # of Lots _____
(Yes or No)
Date of Preliminary Plan Approval _____
Final Plan Action and Date _____ Prel. & Final Combined ? _____
Appeal _____ Plan Signed _____ Recorded _____
(Note: None or date of Appeal) (Date) (Date and Recording reference)