

**CITY PLANNING COMMISSION
PAWTUCKET CITY HALL
137 ROOSEVELT AVENUE
PAWTUCKET, RHODE ISLAND 02860
PHONE: (401) 728-0500
www.pawtucketri.com**



SUBDIVISION APPLICATION

Date Submitted: _____

Applicant's Name: _____

Address/Telephone: _____

Owner's Name: _____

Owner's Signature: _____

Address/Telephone: _____

Book and Page of Deed

Establishing Ownership: _____

Address: _____

Assessor's Plat and Lot: _____

Zoning District (including overlays): _____

Present Lot Area: _____

Proposed Lot Area: _____

Current Use of Lots: _____

Proposed Use of Lots: _____

Relief from the Zoning Board of

Review? _____

Certificate of Good Standing? _____

Staff use only

Date Received _____ By: _____

Date Certified Complete _____ By: _____

TRC Meeting Date _____ Action _____

CPC Meeting Date _____ Action _____

ZBR Meeting Date _____ Action _____

Recording Date _____ ID # _____