

City of Pawtucket
Development Plan Review
Application Number: _____

(Incomplete applications will not be accepted.
Please attach the Certificate of Zoning Compliance)

Date: _____

ADMINISTRATIVE REVIEW

_____ One/Two Family Structure
_____ Commercial/Industrial (less than 10,000 sq. ft. lot)

CITY PLANNING COMMISSION REVIEW

_____ 3+ Units Residential
_____ Commercial/Industrial (10,000 sq. ft. + lot)

Applicant's Name: _____
Address: _____
Telephone: _____

Owner's Name: _____
Owner's Signature: _____
Address: _____
Telephone: _____

Applicants requesting that their correspondence be copied to an attorney should provide contact information below:

Attorney's Name: _____
Address: _____
Telephone: _____

1. Location of Premises: _____
(street number) (street name)

2. Assessor's Plat: _____ Lot: _____ 3. Zoning District: _____

4. Dimensions of Lot: _____
(frontage) (depth) (square footage)

5. Does this application require review before the Zoning Board of Review, Historic District Commission or Riverfront Commission ___ Yes ___ No

6. Current Use of Premises and Amount of Impervious Area: _____

7. Proposed use of premise (include size of building or addition) and Amount of Impervious Area: _____

Staff use only

Date Received: _____	By: _____
Date Certified Complete: _____	By: _____
Technical Review Committee Meeting: _____	Action: _____ Approve _____ Deny _____ Other _____
CPC Meeting: _____	Action: _____ Approve _____ Deny _____ Other _____
Zoning Board Meeting: _____	Action: _____ Approve _____ Deny _____ Other _____
Recording Date: _____	

