

CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR MAJOR SUBDIVISION OR LDP - MASTER PLAN
FORM C 1

(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 \$ _____ # of Lots or Units _____ (Note if LDP)

COC _____ Master Plan & Preliminary Plan Combined ? _____
Date of Public Informational Meeting _____ Date of Display Ad _____
Action and Date _____

Appeal _____ Other Action(s) Required? _____ Plan Signed _____
(Note: None or date of Appeal) (Date)