Town of North Providence, Rhode Island
North Providence Planning Board
Application for Review Under The
Land Development & Subdivision Regulations

MAJOR LAND DEVELOPMENT PROJECT MASTER PLAN STAGE

The undersigned subdivider hereby requests to be placed on the agenda of the North Providence Planning Board and states that the required information detailed in the Subdivision Regulations of the Town of North Providence will be presented at the designated Board Meeting.

____________________________________
Of _____________________________

is hereby designated as the person to whom legal process may be served in connection with any proceedings arising out of this application. I/We also certify that the undersigned is the owner of record of the property designated below.

1. ______________________________________________ 2. ______________ __________________
   Name of Subdivision                   Plat #               Lot #

3. ______________ 4. ______________ ____________________
   Lot Size                           # of Lots        Frontage        Street Name

5. ___________________ 6. _____________________________
   Zoning Designation                Subdivider (Title)

7. ______________________________ 8. Names & Addresses of all persons with
   Subdivider’s Address           10 % or more interest.

                                          ______________________________
   City, State, Zip Code

                                          ______________________________
   Telephone # Subdivider

                                          ______________________________
   Signature Subdivider

9. Name of Land surveyor or
    Professional Engineer

   Address: _______________________________ License # __________________
   City, State, and Zip Code:

                                          ______________________________
   Telephone # ______________________ Fax # __________________

10. Attorney/Representative:

   Address: ______________________________

   Telephone # ______________________ Fax # __________________