**Town of West Warwick**

**Subdivision and Land Development Application**

**APPLICATION DATE:**

**APPLICATION TYPE:**

- Administrative
- Minor (Subdivision)
- Minor (Land Development)

Please Check: __Pre-Application  __Preliminary  __Final

- Major (Subdivision)
- Major Land Development

Please Check: __Pre-Application  __Master  __Preliminary  __Final

- Mill Re-Use:  __Minor  __Major

- Design Control District:  __Minor  __Major

- Other (Specify) ____________________________________________

*If the project requires waivers or modifications it must be reviewed as a major application.

**CONTACT INFORMATION**

**Applicant**

Name _______________________________________________________

Address ____________________________________________________

City ____________________________ State ______ Zip Code __________

Phone ____________________________ Email ________________________

**Owner (if different from applicant)**

Name _______________________________________________________

Address ____________________________________________________

City ____________________________ State ______ Zip Code __________

Phone ____________________________ Email ________________________

**Preparer of Plans (list all, use separate paper if necessary)**

Name _______________________________________________________

Address ____________________________________________________

City ____________________________ State ______ Zip Code __________

Phone ____________________________ Email ________________________

**Attorney (if applicant is a corporation or organization, they must be represented by an attorney)**

Name _______________________________________________________

Address ____________________________________________________

City ____________________________ State ______ Zip Code __________

Phone ____________________________ Email ________________________

West Warwick Planning Department, 1170 Main Street West Warwick, RI, 02893 (401)827-9025
Name of Development/Subdivision: 

Assessor's Plat: __________  Lot Number: __________

Existing Land Use: 

Frontage Road(s)/Street Access: 

Current Zoning (indicate all): 

Total Acreage of Property: 

Minimum Lot Size Required by Zoning: 

  Number of Current Lots: __________
  Number of Proposed Lots: __________
  Number of Proposed Dwelling Units: __________
  Square Footage of Proposed Commercial/Industrial Space: __________
  Other (Specify): 

Zoning Board Approvals Required?  Yes  No

  Obtained?  Yes  No
  ______Variance  ______Special Use
  Explain: 

Comprehensive Plan Amendment Required?  Yes  No

  Obtained?  Yes  No
  Area identified in Comprehensive Plan as: 
  Explain: 

Zone Change Required?  Yes  No

  Obtained?  Yes  No
  Explain: 

Site will be served by Public Water?  Yes  No

Site will be served by Public Sewer?  Yes  No

Attest: The information provided on this application is true and accurate

Applicant's Signature: __________________________ Date: __________

Owner's Signature: __________________________ Date: __________

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