

A. CHECKLIST – ADMINISTRATIVE SUBDIVISION

The applicant shall submit to the Administrative Officer one (1) Mylar and five (5) blueline copies of the proposed plat for recording. (A single copy may be submitted for initial review and comment.) The scale shall be sufficient to show all of the information required and shall be subject to the approval of the Administrative Officer. At a minimum, the following information shall be provided:

- 1.____ Name and address of all property owners and applicants
- 2.____ Date of plan preparation, with revision date(s) (if any)
- 3.____ Graphic scale and true north arrow
- 4.____ Plat and lot numbers of the parcel being re-subdivided
- 5.____ Zoning district(s) of the parcel being re-subdivided, including all zoning requirements (such as for impervious coverage, parking, and setbacks). If more than one district, zoning boundary lines must be shown
- 6.____ Existing property lines, easements and rights of way
- 7.____ Proposed property lines, drawn so as to distinguish them from existing property lines
- 8.____ Existing and proposed area(s) of the parcel(s) being re-subdivided
- 9.____ Approximate location of wooded areas and wetlands (if any)
- 10.____ Location and size of existing buildings, structures, utilities and improvements
- 11.____ Location, width and names of existing public and private streets within or immediately adjacent to the parcel being re-subdivided
- 12.____ Certification (stamp) of a Professional Land Surveyor that the plan conforms to a minimum of a Class II Survey
- 13.____ Filing fee (\$100)
- 14.____ RIDEM approvals, if any
- 15.____ Deed(s) to be recorded for land transfer(s) (Required as part of Administrative Subdivision approval and recording.)
- 16.____ Are either of these parcels in the Farm Forest and Open Space Act tax program?
- 17.____ Locus inset map
- 18.____ Cover letter and signature of all property owners.
- 19.____ Photocopy of Certificate of Authorization to Practice in the State of Rhode Island for design professional