

**A. CHECKLIST – ADMINISTRATIVE SUBDIVISION**

The applicant shall submit to the Administrative Officer one (1) Mylar and five (5) 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 parcels being modified.
5. \_\_\_\_\_ Zoning district(s) of the parcels being modified, including all zoning dimensional requirements.
6. \_\_\_\_\_ Existing property lines, easements and rights-of-way; existing and proposed areas.
7. \_\_\_\_\_ Proposed property lines, drawn so as to distinguish them from existing property lines.
8. \_\_\_\_\_ Approximate location of wooded areas and wetlands (if any)
9. \_\_\_\_\_ Location and size of existing buildings, structures, utilities and improvements.
10. \_\_\_\_\_ Location, width and names of existing public and private streets within or immediately adjacent to the subject parcels.
11. \_\_\_\_\_ Certification stamp of a RI Professional Land Surveyor that the plan conforms to a minimum of a Class II Survey, or equal.
12. \_\_\_\_\_ Filing fee (\$100)
13. \_\_\_\_\_ Deed(s) to be recorded for land transfer(s) (Required as part of Administrative Subdivision approval and recording.)
14. \_\_\_\_\_ Are either of these parcels in the Farm Forest and Open Space Act tax program?
15. \_\_\_\_\_ Locus inset map
16. \_\_\_\_\_ Cover letter and signature of all property owners (Certificate of Completeness).
17. \_\_\_\_\_ Photocopy of Certificate of Authorization to Practice in the State of Rhode Island for design professional.