

Town of Jamestown

Application for Development Plan Review

CONTACT INFORMATION	Applicant
	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
	Owner (if different than above)
	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
	Engineer / Surveyor
	Name _____
Address _____	
Phone _____ Email _____	
Attorney	
Name _____	
Address _____	
Phone _____ Email _____	
Other Professional	
Name _____	
Address _____	
Phone _____ Email _____	

PROPERTY INFORMATION	Assessor's Plat(s) _____ Lot(s) _____
	Street Address _____
	Zoning District _____
	Date Property Purchased _____
	Dimensions of Lot (ft) _____ Frontage _____ Width _____ Depth _____ Lot Size (sq ft) _____
	Existing Buildings on Property ____ Yes ____ No
	If Yes, Size of Existing Buildings (sq ft) _____
	Previous Development Plan Approval received for this property ____ Yes ____ No
	(If yes date and application name)

PROPOSED DEVELOPMENT

Purpose of Proposed Development

_____ Commercial _____ Residential

Zoning Board Relief Requested ____ Yes ____ No

If Yes, Please Specify Relief

_____ Special Use Permit _____ Dimensional Variance _____ Use Variance

_____ Other _____

Brief Description of Proposed Development and Zoning Relief _____

APPLICATION

Application Submission Date _____

ZBR Meeting Date (if applicable) _____

Application Fee(s) (refer to Planning Department Fee Schedule) _____

CERTIFICATION

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

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

(notarized from required if applicant is not the owner)

SUBMIT

Town of Jamestown Planning Department
93 Narragansett Ave. • Jamestown • Rhode Island 02835
401-423-7210