



## PROJECT REVIEW APPLICATION FORM

Page 1 of 3

(to be submitted with all applications at each stage of review)

### PROJECT OVERVIEW

**Applicant Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant's Representative:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Project Location/Address:** \_\_\_\_\_

Parcel Information: \_\_\_\_\_ Map(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_ Zoning Overlay(s): \_\_\_\_\_

Fire District: \_\_\_\_\_ Parcel Size (sqft): \_\_\_\_\_

Name of Street used for legal frontage: \_\_\_\_\_

Linear Feet of Frontage: \_\_\_\_\_ Street Frontage is:  Town  State

**Project Name:** \_\_\_\_\_

**General Project Description:**

Please provide a brief description of the project. A complete Narrative Description, with detailed information as outlined in the application checklist, shall be provided separately.

# PROJECT REVIEW APPLICATION FORM

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**THIS SECTION IS FOR PLANNING OFFICE STAFF USE ONLY - PLEASE LEAVE BLANK**

FOR OFFICE USE ONLY

Case Number: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Project Type/ Date:  
Stage Confirmed  
by AO Signed:

Date of Initial Meeting with Planning Office Staff (before first stage of review): \_\_\_\_\_

**PLEASE SELECT THE APPLICABLE TYPE AND STAGE OF REVIEW.**

## PROJECT TYPE:

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Development Plan Review (DPR)</i>                      | <input type="checkbox"/> <i>Advisory Opinion (AO)</i>                           |
| Subdivision Types (S):   | Land Development Project Types (LDP):   |
| <input type="checkbox"/> <i>Administrative Subdivision (ADM)</i>                   | <input type="checkbox"/> <i>Minor Land Development (MLDP)</i>                   |
| <input type="checkbox"/> <i>Minor Subdivision (MNS)</i>                            | <input type="checkbox"/> Residential (No public hearing)                        |
| <input type="checkbox"/> ≤ 5 units/lots (No public hearing)                        | <input type="checkbox"/> Residential with street creation (With public hearing) |
| <input type="checkbox"/> ≤ 5 units/lots with street creation (With public hearing) | <input type="checkbox"/> <i>Major Land Development (MJLDP)</i>                  |
| <input type="checkbox"/> <i>Major Subdivision (MJS)</i>                            | <input type="checkbox"/> Residential with waivers or modifications              |
| <input type="checkbox"/> ≤ 5 units/lots with waivers or modifications              | <input type="checkbox"/> Non-residential  |
| <input type="checkbox"/> > 5 units/lots  | <input type="checkbox"/> Mixed-use  |
| <input type="checkbox"/> <i>Comprehensive Permit (CMP)</i>                         | <input type="checkbox"/> <i>Comprehensive Permit (CMP)</i>                      |

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## PROJECT REVIEW STAGE:

- Architectural Review
- Pre-Application Review
- Conceptual Master Plan Review
- Preliminary Plan Review
- Final Plan Review

## OTHER REQUESTS:

- Request to Combine Review Stages
- Change to an approved plan
- Reinstatement or extension
- Release of performance/maintenance guarantee

# PROJECT REVIEW APPLICATION FORM

## APPLICANT CERTIFICATION OF COMPLETE APPLICATION

I (the Applicant) hereby certify that all of the materials required by the applicable checklist(s), have been submitted in both paper and electronic format in compliance with the instructions for submissions, together with this Project Review Application Form, the Project Team Form, the Owner’s Authorization Form and the required review fee.

I (the Applicant), further certify that, to the best of my knowledge, the Set of Plans, reports, permits, design drawings, and other submitted materials are true, accurate, and complete, and conform to the requirements of the current adopted version of the Town of Westerly Zoning Ordinance and Development Regulations or, when required, that a written statement has been provided listing all requested waivers and/or modifications of the Regulations.

I (the Applicant) certify that I have authorized the “Applicant’s Representative” indicated on page 1 of 3 to act on my behalf and to prepare all required documentation in support of this application.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Name (please print)



## PROJECT TEAM FORM

(to be submitted with each stage of review)

All Project Team Members must be licensed to practice in the State of Rhode Island

Check box if Team Member should be copied on all project correspondence.

**Surveyor Name:**

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Engineer Name:**

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Architect Name:**

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Attorney Name:**

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Landscape Architect Name:**

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Team Member Name:**

Role in Project Team: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**TOWN OF WESTERLY  
OFFICE OF PLANNING**



**OWNER AUTHORIZATION FORM**

(to be submitted with each stage of review- if multiple property owners, attach multiple forms)

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**Property Owner's Certification**

I, \_\_\_\_\_, hereby certify that I am the/an owner of the property known as \_\_\_\_\_ (address) and/or designated as Map \_\_\_\_\_, Lot(s) \_\_\_\_\_, as shown on the Town of Westerly Tax Assessor Maps. I hereby authorize the application submitted by the Applicant and/or Applicant's Representative for subdivision and/or development of the subject property.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed, to be his/her free act and deed, as \_\_\_\_\_ (individual, corporation, trustee, partnership, non-profit, etc.).

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_