



**TOWN OF JOHNSTON
PLANNING BOARD**

100 IRONS AVENUE, JOHNSTON, RI 02919
TEL: (401) 231-4000 ♦ FAX: (401) 231-4181

Application

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NAME OF PROJECT _____

A.P. / LOT(S) _____

PROPERTY STREET ADDRESS: _____ NO. EXISTING: _____ LOTS UNITS NO. PROPOSED: _____ LOTS UNITS

ZONING DISTRICT(S): _____ TOTAL AREA: acres sq. ft. AREA OF WORK: _____ STR. CONSTRUCTION: no yes

| USE | INDUSTRIAL | COMM'L/BUS. | RESIDENTIAL | | | MIXED USE | VACANT | OTHER: |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | ONE | TWO | MULTI | | | |
| — EXISTING: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| — PROPOSED: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NO. FAMILIES: _____

DESCRIPTION OF PROPOSED USE: _____

APPLICANT NAME 1: _____ NAME 2: _____

COMPANY: _____ COMPANY: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE & ZIP: _____ CITY, ST., ZIP: _____

TELEPHONE: _____ CELL: _____ TEL: _____ CELL: _____

E-MAIL: _____ E-MAIL: _____

SIGNATURE: _____ FAX: _____ SIGNATURE: _____ FAX: _____

OWNER* NAME 1: _____ A.P.: _____ NAME 2: _____ A.P.: _____

COMPANY: _____ LOT: _____ COMPANY: _____ LOT: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE & ZIP: _____ CITY, ST., ZIP: _____

TELEPHONE: _____ CELL: _____ TEL: _____ CELL: _____

E-MAIL: _____ E-MAIL: _____

SIGNATURE: _____ FAX: _____ SIGNATURE: _____ FAX: _____

ENGINEER NAME: _____ FIRM: _____

REG. NO.: _____ R.I. OTHER: _____ EXP. DATE: _____ E-MAIL: _____

TELEPHONE: _____ CELL: _____ FAX: _____

SURVEYOR NAME: _____ FIRM: _____

REG. NO.: _____ R.I. OTHER: _____ EXP. DATE: _____ E-MAIL: _____

TELEPHONE: _____ CELL: _____ FAX: _____

ATTORNEY NAME: _____ FIRM: _____

CONTACT: _____ E-MAIL: _____

TELEPHONE: _____ CELL: _____ FAX: _____



Identify **point person**. — * Legal owner(s) of record; attach affidavit for agent — Copy form for additional owners/applicants — Submit **original application**.



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I. Project information.

Check off: [1] PROJECT TYPE proposed; [2] REVIEW STAGE requested; and [3] DOCUMENTS submitted—*application not accepted without all items.*

| 1. TYPE | 2. REVIEW STAGE | | | | | | 3. REVIEW DOCUMENTS | | | | | | BRIEFLY DESCRIBE PROJECT: | | |
|--------------------|-----------------|------------------|-----------------|---------|-------------|------------------|---------------------|-----------|-------------|-----------|------|------------|---------------------------|---------------|---|
| | Subdivision | Land Development | Pre-Application | Concept | Master Plan | Preliminary Plan | Final Plan | Site Plan | Application | Checklist | Plan | Radius map | | Abutters list | Tax certificates |
| Administrative | | | | | | | | | | | | | | | No. existing or proposed lots [†] x \$75 + \$80 |
| Minor | | | | | | | | | | | | | | | No. units/lots or acres. ^{†‡} x <u>review-stage rate</u> + \$80 |
| Major | | | | | | | | | | | | | | | |
| REVIEW STAGE RATE: | | | \$50 | \$75 | \$125 | \$105 | | | | | | | | | * See respective checklists. † Whichever is larger. ‡ Acres = area of work. |
| Site Plan | | | | | | | | | | | | | | | Flat \$700 for ind'l, comm'l, non-res'l; \$300 all others. |

NOTE: Total fees (i.e., pre-application conference, review hours, Board meeting, recording) to be invoiced at time of review.

II. Application fee. (non-refundable)

Fill in:

| | | | | | |
|--------|----|--|---|-------------------|-------------------|
| _____ | of | <input type="checkbox"/> LOTS [†] | <input type="checkbox"/> UNITS [†] | x \$ _____ | + \$80 = \$ _____ |
| NUMBER | | <input type="checkbox"/> ACRES ^{†‡} | | REVIEW-STAGE RATE | TOTAL FEE DUE |

III. Approvals / permits. Check off all anticipated —

| 1. TOWN | Submitted | In process | N / A | 2. STATE | Submitted | In process | N / A | 3. FEDERAL | Submitted | In process | N / A |
|--|-----------------|------------|-------|------------------------------------|------------------|-----------------------------|-------|--------------------------------|-----------|------------|-------------------------|
| | Fire Department | | | | | Narragansett Bay Commission | | | | | Army Corps of Engineers |
| Police Department | | | | Providence Water Supply Board | | | | Department of Agriculture | | | |
| Public Works | | | | RIDEM — Underground Injection | | | | Environment. Protection Agency | | | |
| Town Council | | | | RIDEM — Wastewater Treatment | | | | OTHER: | | | |
| Zoning Board ** | | | | RIDEM — Wetlands/Stormwater Mgmt | | | | | | | |
| *** To be obtained <u>after</u> Planning Board review. | | | | RIDOT — Physical Alteration Permit | | | | | | | |
| Pre-application meeting: | | | | DATE : _____ | ATTENDEES: _____ | | | | | | |

I hereby certify that the information provided is correct, true and accurate to the best of my knowledge.

IV. Signature.

| | | |
|-----------|--------------|-------|
| _____ | _____ | _____ |
| SUBMITTER | PRINTED NAME | DATE |

Staff review conducted within 15 days of submission for administrative and minor projects, and within 25 days for minor with street construction* and major projects†.

*† Applications to be certified as complete at least 32 days prior to Planning Board review. Meetings are held on first Tuesday each month, 6:00 p.m., Senior Center.