

APPENDIX A
TOWN OF LITTLE COMPTON, RHODE ISLAND
INSTRUCTIONS AND CHECKLIST FOR ADMINISTRATIVE SUBDIVISIONS

These **Instructions** and **Checklist** apply to **Administrative Subdivisions** – divisions, mergers, mergers and redivision and adjustment of existing lot lines resulting in no additional lots.

The Checklist below is intended to guide the Applicant through the review stage.

Administrative Subdivision Plan

Complete all items of the Application Form for Submission of Administrative Subdivision Plan and submit to the Administrative Officer with the following:

- A. Required submissions are noted with a ● in the Checklist. In addition, the Plan shall include items noted below:
- B. 10 copies of the plans drawn to a scale of 1 inch to 100 feet. Size of sheets shall be 18 inches by 24 inches, folded not rolled.
- C. Multiple sheets shall include Key Map and shall be numbered sequentially (e.g., sheet 1 of 3, 2 of 3, etc.).
- D. The Administrative Officer shall determine whether or not the plans are complete prior to review. Incomplete plans shall be returned to the Applicant.
- E. Plans shall include a certification, with signature and seal, that all plans and improvements conform to all existing and amended standards of the State of Rhode Island Board of Registration of Land Surveyors as follows:

This survey and plan conform to a Class 1 (or 2) standard as adopted by the Rhode Island Board of Registration for Professional Land Surveyors.

I hereby certify that this survey was actually made on the ground as per record description and is correct. There are no encroachments either way across property lines except as shown.

By: Registered Professional Land Surveyor (SEAL) / Date

- F. Plans to be Recorded –Five (5) paper copies of the Final Plan (which shall be an approved version of the Preliminary Plan, showing all required elements thereon) drawn to a scale of one (1) inch equals one hundred (100) feet, plus two (2) paper copies at one (1) inch equals two hundred (200) feet.

CHECKLIST OF REQUIRED INFORMATION

1	Required, if shown with a ●
●	Application Form with name and address of Applicant and/or property owner
●	Date of plan preparation, with revision date(s) (if any)
●	Graphic scale and true north arrow.
●	Plat and lot number(s) of the parcel being subdivided
●	Zoning district(s) of the parcel being subdivided. If more than one district, zoning boundary lines must be shown
●	Deed book and Page References; Plan Book and Page Numbers must be shown, if appropriate.
●	Perimeter boundary lines of the subdivision, drawn so as to distinguish them from other property lines.
●	Location and dimensions of existing property lines, stone walls, easements and rights-of-way within or adjacent to the subdivision parcel.
●	Location of existing wells and ISDS

Appendix A – Forms
Town of Little Compton Planning Board
Application Form for Submission of Administrative Subdivision Plan

Attach Additional Sheets as Needed

Date _____

1. General Information

A. Location of Proposed Subdivision – Street Address, if applicable

B. Assessors plat: _____ lot(s): _____

C. Applicant's Name (Include all owners of property):

D. Applicant's Address and Telephone:

E. Owner's Name, Address and Telephone (If different from Applicant)

2. Representation, if applicable (Include notarized letter of authorization)

A. Representatives Name(s)

B. Representative's Address and Telephone:

3. Description of Change

Application Form for Submission of Administrative Subdivision Plan – Page Two

4. Tax Assessors Office, if applicable

I have reviewed the proposed subdivision and concur with the Lot(s) numbering sequence used by the Owner/Applicant.

Tax Assessor/Authorized Representative/Date

5. Tax Collectors Office

Current Tax Obligation for Lot (s) _____ Plat _____

_____ Has been met by the owner for tax period ending _____

_____ Has not been met by the owner. Submission is not acceptable until taxes are paid

Tax Collector/Authorized Representative/Date

6. Owner/Applicant's Signature(s) and date

State of Rhode Island
County of _____

In _____ on the _____ day of _____, 20____ before me

personally appeared _____

to me known and known by me to be the person(s) executing this Application and he/she/they

acknowledge said Application by him/her/them executed to be his/her/their free act and deed.

Signature: _____

Printed Name: _____

My Commission expires on: _____