



**Town of Gloucester, RI  
Project Review Application**

*This application form must be submitted for all projects with each stage of review.*

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**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Primary Contact (if applicant is an organization): \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Applicant Phone: \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

**OWNER INFORMATION** (Owner Authorization form must be completed for each owner)

Owner Name (s): \_\_\_\_\_

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_  
Physical Address/Location of the Project: \_\_\_\_\_  
Assessor's Plat and Lot (s) of Project: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

**TYPE OF PROJECT** (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Subdivision                            | <input type="checkbox"/> Comprehensive Permit                     |
| <input type="checkbox"/> Minor Subdivision (no street creation or extension)   | <input type="checkbox"/> Development Plan Review – Administrative |
| <input type="checkbox"/> Minor Subdivision (with street creation or extension) | <input type="checkbox"/> Development Plan Review – Formal         |
| <input type="checkbox"/> Major Subdivision                                     | <input type="checkbox"/> Unified Development Review               |
| <input type="checkbox"/> Minor Land Development Project                        | <input type="checkbox"/> Planned District                         |
| <input type="checkbox"/> Major Land Development Project                        | <input type="checkbox"/> Adaptive Reuse                           |
| <input type="checkbox"/> Rural Residential Compound                            | <input type="checkbox"/> Other: _____                             |

**CURRENT STAGE OF REVIEW** (if applicable)

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-Application  | <input type="checkbox"/> Release of Financial Guarantee           |
| <input type="checkbox"/> Master Plan      | <input type="checkbox"/> Change to an Approved Plan               |
| <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Reinstatement/Extension to Approved Plan |
| <input type="checkbox"/> Final Plan       | <input type="checkbox"/> Development Plan Review                  |
| <input type="checkbox"/> Recording        | <input type="checkbox"/> Road Dedication                          |
|   | <input type="checkbox"/> Other: _____                             |

**WAIVERS AND MODIFICATIONS**

Does this application request waivers or modifications to any of the requirements of the Gloucester Subdivision Regulations?       Yes       No

If yes, a statement describing the specific regulation(s) for which a waiver or modification is requested must be included in the application materials.

Does the application require relief from the Zoning Ordinance?       Yes       No

If yes, please a completed modification, variance and/or special use permit application must be submitted with the application materials.

**ACKNOWLEDGMENTS**

By signing this application form, I acknowledge and understand that:

- My application will not be placed on a Planning Board agenda before it has been certified as complete by the Administrative Officer.
- I am responsible for the payment of all fees owed, including filing fees, stenography costs, public hearing notice and advertisements, recording fees, and peer engineering review and inspection fees.
- No work other than routine maintenance is permitted on site while the project is pending review unless expressly authorized in writing by the Administrative Officer, including but not limited to clearing, stumping, grading or other activities that might substantively impact site conditions under review.

The applicant hereby certifies that all of the materials required by the applicable checklist(s) have been submitted including a review fee in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*For Gloucester Planning Office use only*  
Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_