

TOWN OF NORTH KINGSTOWN
80 Boston Neck Road, North Kingstown, 02852
(401) 294-3331 Ext. 311

**APPLICATION FOR AMENDMENT
TO COMPREHENSIVE PLAN**

Date: _____

Applicant and owner:

Applicant: _____ Phone _____

Address: _____ Fax _____

Owner: _____ Phone _____

Address: _____ Fax _____

Property: Please describe the property (if map amendment is requested):

Address _____

Assessor's Map(s) _____ Lot(s) number _____ Zoning district _____

Amendment requested:

If you are requesting a map amendment, please state:

Current designation: _____ Proposed designation: _____

If you are requesting a text amendment, please describe it: (or attached proposed wording)

CHECKLIST of required documents to accompany application:

One copy of the following documents must be filed with the application:

(If application materials contain maps or are extensive, additional copies sufficient to distribute to staff and board members will be requested.)

___ A petition or other narrative document addressed to the Town Council and Planning Board describing the current and proposed use of the property, proposed improvements to the property, the reason for the Comprehensive Plan amendment request, and any other relevant information.

___ Certification from Tax Collector that all taxes due on the property were paid for a period of five (5) years prior to the filing of the application and are current.

FOR MAP AMENDMENT:

___ A copy of the map proposed to be amended, showing the area proposed for amendment, drawn to a suitable scale for review and a second map drawn to a suitable scale for newspaper block ad.

FOR TEXT AMENDMENT:

___ A copy of the existing language the applicant proposes to amend, and a copy of the proposed new language, prepared according to the applicable provisions of the State Guide Plan. The applicant is urged to review all proposed text amendments carefully for consistency with other elements of the Comprehensive Plan.

COSTS to be borne by applicant:

* Application fee of \$2500

* Cost of all required newspaper advertisements. The applicant will take the advertisement to the Standard Times and pay all applicable fees directly to the newspaper.

Signature of Applicant: _____ **date** _____

Signature of Owner _____ **date** _____

Attorney for Applicant:

Name: _____ telephone _____

Address _____ fax _____

RECORD OF SUBMISSION AND HEARING DATES

_____ Date submitted to Town Clerk

_____ Date submitted to Planning Department

_____ Date application certified as complete

_____ Date of newspaper notice for public hearing

_____ Date of Planning Commission public hearing

_____ Date of Planning Commission action taken

_____ Date Planning Commission- recommendation transmitted to Town Council

_____ Date of Town Council public hearing

_____ Date of completion of Town Council public hearing

_____ Date of Town Council decision