

TOWN OF NARRAGANSETT
APPLICATION FOR STAFF REVIEW

Date Application Submitted: _____

Applicant's Name: _____

Applicant's Address: _____

Owner's Name: _____

Owner's Address: _____

Phone Number: _____ **Cell Phone:** _____

Project Location Plat: _____ **Lot (s):** _____

Street Address: _____

Building Permit Applied for? _____ **Yes** _____ **No**

Proposed Activity (check one):

___ Residential Single-Family

___ Residential Multi-Family

___ Residential Duplex

___ Other

What Zoning District is property located in?

___ R-10

___ R-10A

___ R-20

___ R-40

___ R-80

___ P

___ BWV

___ Galilee

Staff Review Approval required for (check all that apply):

___ Section 16.1 – Minor Site Plan Amendment

___ Section 4.3 – Coastal and Freshwater Wetland Overlay

___ Section 4.4 – Coastal Resource Overlay

___ Section 4.5 – High Watertable Limitations Overlay “A” or “B”

Staff Review Application

Please include a brief written description of the proposed project. Include the plan or change and the reasons for which the relief is needed.

Check the following if applicable:

	<u>YES</u>	<u>NO</u>
1) Letter of Certification from the appropriate professional (Engineer/Land Surveyor/Biologist) indicating that the proposed project conforms to all applicable development standards of Section 4 (Overlay Districts).	_____	_____
2) Copy of Building Permit Application	_____	_____
3) Building Review Form	_____	_____
4) Three original site plans that have been stamped and signed by a Professional Engineer or Registered Land Surveyor	_____	_____
5) Three (3) copies of the Building Plans	_____	_____
6) Supplementary Drainage Calculations completed by a Professional Engineer that satisfy the requirements of Section 7.7 (if required).	_____	_____
7) Copy of ISDS or Sewer Permit	_____	_____
8) Check for \$75.00 made out to the: TOWN OF NARRAGANSETT	_____	_____

Signature: _____

Send correspondence to:

Name: _____

Address: Street _____ **City** _____ **State** _____ **Zip Code** _____

Telephone: _____ **Cell Phone** _____