

FORM A: DRAFT COMPREHENSIVE PLAN OR PLAN AMENDMENT SUBMITTAL

Municipality:

Date of Submittal:

CONTACT INFORMATION

Name:

Title:

Email:

Address:

Phone:

SUBMISSION REQUIREMENTS (all of the below)

- ✓ One (1) electronic copy of the draft materials (*in one of the following file formats: .doc, .pdf, .pub*)
- ✓ Three (3) paper copies of the draft materials (*3-hole punched or unbound preferred*)

TYPE OF REVIEW REQUESTED (select one)

Type 1: Review by Division of Planning Staff only

- 1A: One or more draft chapters of a comprehensive plan
- 1B: Draft amendments to a comprehensive plan

Type 2: Review by Division of Planning staff and staff of other State agencies

- 2A: One or more draft chapters of a comprehensive plan
- 2B: A full draft of the comprehensive plan
- 2C: Draft amendments to a comprehensive plan

GROWTH CENTER DESIGNATION

The draft plan or amendment designates a Growth Center:

- Yes
- No

PUBLIC PARTICIPATION PROCESS

Public input has been solicited in the formulation of this draft:

- Yes
- No

If yes, input was solicited by means of (check all that apply):

- A Citizens Advisory Committee
- Meetings with civic or other organizations
- Public hearings and workshops
- Other: _____
- Public survey(s)

The Planning Board/Commission held ____ (#) of public hearings and/or workshops on this draft.

AMENDMENT DESCRIPTION (required for review types 1B and 2C only)

Amendment title:

Amendments were made:

- Within a single chapter: _____
- Within several chapters, including: _____

Provide a general summary of the amendment(s) to assist in the review (attach another sheet if necessary):

SIGNATURE

Printed Name of Authorized Municipal Official: _____

Title: _____

Signature: _____

Date: _____

SUBMIT FORM TO:

RI Division of Planning
c/o Supervising Planner, Consistency Review Unit
One Capitol Hill
Providence, RI 02908