

DIVISION OF STATEWIDE PLANNING
**REQUEST FOR REVIEW OF DRAFT
COMPREHENSIVE PLAN MATERIAL**

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 formats: .doc, .pdf, .pub*)
- Two (2) paper copies of the draft materials (*3-hole punched or unbound preferred*)

TYPE OF REVIEW REQUESTED (select one)

The Division of Statewide Planning offers two options for the review of draft material. Option 1 is a review limited to the staff of the Division. Option 2 provides for a review by Division staff and the staff of other State agencies. This option may provide you with a wider array of feedback and information.

Option 1: Review by Division of Planning Staff only

I am submitting for review (check one):

- 1A: One or more draft chapters of a comprehensive plan
- 1B: Draft amendment(s) to a comprehensive plan

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

I am submitting for review (check one):

- 2A: One or more draft chapters of a comprehensive plan
- 2B: A full draft of the comprehensive plan
- 2C: Draft amendment(s) to a comprehensive plan

If you are submitting a draft amendment (1B or 2C above), you must complete the following section.

AMENDMENT DESCRIPTION

Amendment title: _____

List all Plan chapters/elements in which an amendment was made:

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 Statewide Planning
Supervising Planner, Community Outreach Unit
235 Promenade Street – Suite 230
Providence, RI 02908