## *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