

**CITY OF CRANSTON  
ADMINISTRATIVE SUBDIVISION  
APPLICATION FORM**

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**PROJECT NAME** \_\_\_\_\_

**Assessor's Plat(s)** \_\_\_\_\_

**Assessor's Lot(s)** \_\_\_\_\_

**Location (street)** \_\_\_\_\_

**OWNER'S NAME(S)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**OWNER'S NAME(S)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**SURVEYOR'S NAME & ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

**I (we) hereby apply for administrative subdivision of the above land.**

\_\_\_\_\_  
**Signature of Owner(s)** **Date**

\_\_\_\_\_  
**Signature of Owner(s)** **Date**