

JUL 27 2022

TOWN OF
SOUTH KINGSTOWN, RI

TOWN OF SOUTH KINGSTOWN PLANNING BOARD PROJECT REVIEW APPLICATION FORM

This Application Form is to be submitted with each stage of review.



APPLICANT INFORMATION

Applicant Name: South County Hospital Healthcare System
Name of Primary Contact (if applicant is an organization): Andrew Prescott
Applicant Address: 100 Kenyon Ave., Wakefield RI 02879
Applicant Phone: 401.788.8698 Applicant Email: aprescott@southcountyhealth.org

OWNER INFORMATION

Owner Name(s): South County Hospital Healthcare System
Owner Contact Information: Andrew Prescott, General Counsel (see above)

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: _____
Physical Address or Location of Parcel(s): _____
Zoning District(s) of Parcel(s): _____ Total Size of Development Parcel: _____
Date of Initial Meeting with Planning Department Staff (before first stage of review): _____

TYPE OF PROJECT (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Development Plan Review | <input type="checkbox"/> Minor Land Development Project |
| <input type="checkbox"/> Administrative Subdivision | <input checked="" type="checkbox"/> Major Land Development Project
<i>(Institutional Master Plan)</i> |
| <input type="checkbox"/> Minor Subdivision, without street creation or extension | <input type="checkbox"/> Multi-Household Land Development Project |
| <input type="checkbox"/> Minor Subdivision, with street creation or extension | <input type="checkbox"/> Flexible Design Residential Project (FDRP) |
| <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Residential Compound |
| | <input type="checkbox"/> Comprehensive Permit |

CURRENT STAGE OF REVIEW (if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Pre-Application Concept Review | <input type="checkbox"/> Release of Performance/Maintenance Guarantee |
| <input type="checkbox"/> Conceptual Master Plan | <input type="checkbox"/> Change to an Approved Plan |
| <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Reinstatement or Extension to Approved Plan |
| <input checked="" type="checkbox"/> Final Plan | <input type="checkbox"/> Request to Combine Review Stages |
| <input type="checkbox"/> Recording | <input type="checkbox"/> Other |

WAIVERS AND MODIFICATIONS

Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations? yes* no

**If yes, a statement describing the specific regulation(s) for which waiver or modification is requested must be included in the application materials.*

CERTIFICATION OF COMPLETE APPLICATION

(1) The applicant hereby certifies that all of the materials required by the applicable checklist(s), as determined by Planning Department staff during the initial meeting, have been submitted including a review fee in the amount of \$ 200.00.

(2) The applicant hereby certifies that the plan set and other submitted materials conform to the requirements of the current adopted version of the Town of South Kingstown Subdivision and Land Development Regulations, or, that a written statement has been provided listing all requested waivers and/or modifications of the Regulations.

Andrew B. Prescott
Applicant Signature

July 27, 2022
Date

Andrew B. Prescott
Printed Name

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TOWN OF
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OWNER AUTHORIZATION FORM

Submittal Date: July 27, 2022

Owner Authorization Forms for each owner of the property being considered for subdivision/development is to be submitted with each stage of review. If no changes to the ownership have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

I, Thomas Breen, CFO hereby certify that I am an/the owner of property designated as Plat 64-1, Lot 122, as shown on the Town of South Kingstown Tax Assessor Maps.

I further certify that I am the owner of the development rights for this property.

I hereby authorize and am in agreement with the application, signed by Andrew B. Prescott (applicant), for subdivision or development for the subject property. Said application is to be submitted to the Planning Department of the Town of South Kingstown for review and decision by the Planning Board.

WITNESS its name this 27th day of July, 2022

BY: J. Breen CFO
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In Wakefield, Rhode Island on the 27th day of July, 2022, before me personally appeared Thomas Breen (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed, to be his/her free act and deed, as CFO of South County Health (individual, corporation, trustee, partnership, non-profit, etc.).

Andrew B. Prescott
Notary Public

ANDREW B. PRESCOTT
Notary Public, State of Rhode Island
Commission # 766821

My Commission Expires: April 13, 2025

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SOUTH KINGSTOWN, RI

OWNER AUTHORIZATION FORM

Submittal Date: July 27, 2022

Owner Authorization Forms for each owner of the property being considered for subdivision/development is to be submitted with each stage of review. If no changes to the ownership have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

South County Hospital Healthcare System is

I, Thomas Breen, CFO hereby certify that ~~I am an~~ the owner of property designated as Plat 64-1, Lot 122, as shown on the Town of South Kingstown Tax Assessor Maps.

I further certify that I am the owner of the development rights for this property.

I hereby authorize and am in agreement with the application, signed by Andrew B. Prescott (applicant), for subdivision or development for the subject property. Said application is to be submitted to the Planning Department of the Town of South Kingstown for review and decision by the Planning Board.

WITNESS its name this 27th day of July, 2022.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In Wakefield, Rhode Island on the 27th day of July, 2022, before me personally appeared Anitra Galmore (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed, to be his/her free act and deed, as Chief Operating Officer of South C (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]
Notary Public

ANDREW B. PRESCOTT
Notary Public, State of Rhode Island
Commission # 766821

My Commission Expires: April 13, 2025

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PROJECT TEAM FORM

Submittal Date: July 27, 2022

The Project Team Form is to be submitted with each stage of review. If no changes to the Project Team have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

ATTORNEY *This entity should be copied on all project correspondence* **YES** **NO**

Name: Revens Revens St. Pierre and Willey PC

Name of Primary Contact (if attorney is an organization): John C. Revens

Address: 946 Centerville Road, Warwick RI 02886-4373

Phone: 401.822.2900 Email: johnr@rrswlaw.com

ENGINEER *This entity should be copied on all project correspondence* **YES** **NO**

Name: VHB

Name of Primary Contact (if engineer is an organization): Scott Lindgren

Address: 1 Cedar Street, Suite 400, Providence RI 02903

Phone: 401.457.7812 Email: slindgren@vhb.com

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SURVEYOR *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Name of Primary Contact (if surveyor is an organization): _____

Address: _____

Phone: _____ Email: _____

LANDSCAPE ARCHITECT *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Name of Primary Contact (if landscape architect is an organization): _____

Address: _____

Phone: _____ Email: _____

ARCHITECT *This entity should be copied on all project correspondence* **YES** **NO**

Name: NEMD

Name of Primary Contact (if architect is an organization): Sean Greene

Address: 1 Virginia Ave., Suite 202, Providence RI 02905

Phone: 401.435.3532 Email: seang@nemd.com

OTHER *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Role on Project: _____

Name of Primary Contact (if entity is an organization): _____

Address: _____

Phone: _____ Email: _____