



JOHN J. KUPA, JR.

Attorney at Law

20 Oakdale Road / North Kingstown, RI 02852 / Telephone (401) 294-5566 / Fax (401) 294-9240

September 8, 2022

Jason Parker
Principal Planner
Town of South Kingstown
180 High Street
Wakefield, RI 02879

Re: TRC Submission
1965 Kingstown Road, South Kingstown, RI

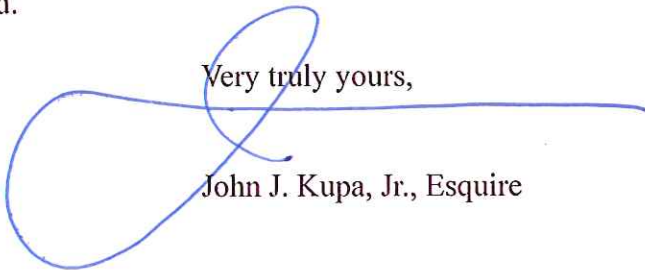
Dear Jason,

Enclosed please find 8 sets of the following:

1. Project review Application Form
2. Owner Authorization Form
3. Project Team Form
4. The Plans
5. The checklist

Please review and schedule a TRC Meeting at your earliest convenience. We look forward to moving this matter forward.

Very truly yours,



John J. Kupa, Jr., Esquire

JJK/cdg
Enclosure

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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: Michael Garretson
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 36 Karee Court, Wakefield, RI 02879
Applicant Phone: _____ Applicant Email: _____

OWNER INFORMATION

Owner Name(s): Craig W. Pierce & Barbara F. Pierce
Owner Contact Information: 55 Dillon Ave. , North Kingstown, RI 02852

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 32-4, Lot 14
Physical Address or Location of Parcel(s): 1965 Kingstown Road
Zoning District(s) of Parcel(s): CH Total Size of Development Parcel: 28,025 SF
Date of Initial Meeting with Planning Department Staff (before first stage of review): _____

TYPE OF PROJECT (select all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Development Plan Review | <input type="checkbox"/> Minor Land Development Project |
| <input type="checkbox"/> Administrative Subdivision | <input type="checkbox"/> Major Land Development Project |
| <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 type="checkbox"/> Final Plan | <input type="checkbox"/> Request to Combine Review Stages |
| <input type="checkbox"/> Recording | <input type="checkbox"/> Other |

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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 \$_____.

(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.



Applicant Signature

September 8, 2022

Date

Michael Garretson

Printed Name

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SOUTH KINGSTOWN, RI

OWNER AUTHORIZATION FORM


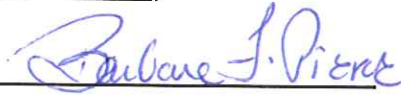
Submittal Date: _____

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, Craig W. Pierce & Barbara F. Pierce hereby certify that I am an/the owner of property designated as Plat 32-4, Lot 14, 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 Michael Garretson (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.

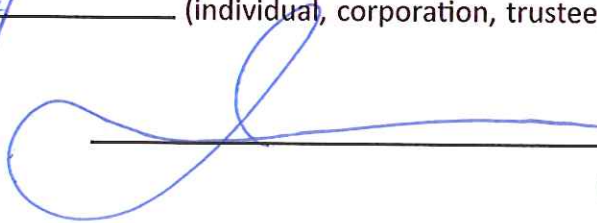
WITNESS its name this 8th day of September, 2022.

BY:  
Signature of Owner

STATE OF RHODE ISLAND
County of WASHINGTON

In North Kingstown on the 8th day of September, 2022, before me personally appeared Craig W. Pierce & Barbara F. Pierce (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 Individually (individual, corporation, trustee, partnership, non-profit, etc.).

JOHN J. KUPA, JR.
NOTARY PUBLIC - RHODE ISLAND
ID # 21950
MY COMMISSION EXPIRES 06/18/2025


Notary Public

My Commission Expires: _____

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PROJECT TEAM FORM

Submittal Date: _____

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: John J. Kupa Jr. Esq.

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

Address: 20 Oakdale Road, North Kingstown, RI 02852

Phone: 401-294-5566 Email: JohnKupaLaw@AOL.com

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

Name: _____

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

Address: _____

Phone: _____ Email: _____

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

Name: American Engineering, Inc.

Name of Primary Contact (if surveyor is an organization): Matthew J. Cotta PLS

Address: 400 South County Trail - Suite A-201 Exeter, RI 02822

Phone: 401-294-4090 Email: DCotta@AmericanEngineeringRI.com

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: _____

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

Address: _____

Phone: _____ Email: _____

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: _____

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