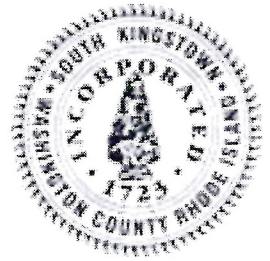


**TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM**

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



APPLICANT INFORMATION

Applicant Name: Cecile Cohen
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 2300 Post Rd, South Kingstown, RI 02879
Applicant Phone: (401) 782-5324 Applicant Email: ccohen110@gmail.com

OWNER INFORMATION

Owner Name(s): Cecile Cohen
Owner Contact Information: Same as above

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 79-2 Lot 5
Physical Address or Location of Parcel(s): 2300 Post Rd
Zoning District(s) of Parcel(s): RR80 Total Size of Development Parcel: 11.68 Acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): 11/18/2022

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 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 checked="" 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 checked="" type="checkbox"/> Conceptual Master Plan | <input type="checkbox"/> Change to an Approved Plan |
| <input checked="" 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 |

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 \$ 220.

(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.

Cecile Cohen
Applicant Signature

3-28-23
Date

CECILE COHEN
Printed Name

OWNER AUTHORIZATION FORM

Submittal Date: 4/3/23

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, Cecile Cohen hereby certify that I am an/the owner of property designated as Plat 79-2, Lot 5, 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 Cecile Cohen (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 29th day of March, 2023.

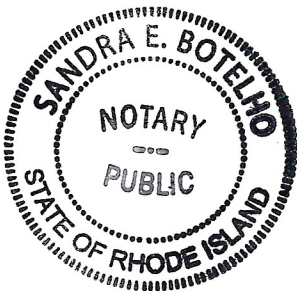
BY: Cecile Cohen
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In Person on the 29 day of March, before me personally appeared Cecile Cohen (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 Individual (individual, corporation, trustee, partnership, non-profit, etc.).

Sandra E Botelho
Notary Public

My Commission Expires: 9-23-23



PROJECT TEAM FORM

Submittal Date: 4/3/23

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: ATTY KELLY FRACASSA
Name of Primary Contact (if attorney is an organization): KELLY@NACCARATOFACASSA.COM
Address: 85 Beach St Bldg C, Unit 8 Westery RI 02891
Phone: 401-596-0321 Email: _____

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

Name: Dowdell Engineering Associates, LLC
Name of Primary Contact (if engineer is an organization): Mark Dowdell, PE
Address: 3949 Old Post Rd, Charlestown, RI 02813
Phone: 401-364-1027 Email: m.l.dowdell@gmail.com

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

Name: Same as Engineer
Name of Primary Contact (if surveyor is an organization): RICHARD COUCHON, PLS
Address: SAME AS ENGINEER
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: _____
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: _____

Dowdell Engineering Associates, LLC

Phone: (401) 364-1027

Email: mldowdell@gmail.com

P.O. Box 1684, Suite 200

3949 Old Post Road

Charlestown, RI 02813

Town of South Kingstown
Planning Board
180 High Street
Wakefield, RI 02879

3/30/2023

RE: *Flexible Frontage Waiver Request for Cohen Major Subdivision – AP 79-2 Lot 5*

To whom it may concern,

The purpose of this letter is to request the subject project be considered to use the Flexible Frontage provision of the Zoning Ordinance (Section 502.2 – Lot frontage and width, flexible provisions).

The existing driveway for 2300 Post Rd will be utilized for the new lot and no new curb cut is proposed.

A combined Master/Preliminary plan set has been submitted that shows existing conditions, proposed conditions, SERSC plan, and proposed yield plan.

If you have any questions, please call me at 401-364-1027 or email me at m.l.dowdell@gmail.com. Thank you.

Sincerely,



Mark L. Dowdell, PE



Dowdell Engineering Associates, LLC

Phone: (401) 364-1027

Email: mldowdell@gmail.com

P.O. Box 1684, Suite 200

3949 Old Post Road

Charlestown, RI 02813

Town of South Kingstown
Planning Board
180 High Street
Wakefield, RI 02879

3/30/2023

RE: Stormwater Management (SERSC Plan) and RIPDES Permit Requirements

To whom it may concern,

The purpose of this letter is to state that no RIDEM stormwater or other general construction permits are required for the proposed project. A permit is required for infiltration systems where a residential impervious area of 10,000 square feet or greater is being proposed. The proposed roof area of the house is 3,000 SF and the proposed driveway is approximately 3,000 SF.

More detail, including drainage calculations and infiltration trench design, is shown on the SERSC Plan (Sheet 3 of 4 of the Plan Set).

If you have any questions, please call me at 401-364-1027 or email me at m.l.dowdell@gmail.com. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark L. Dowdell", written in a cursive style.

Mark L. Dowdell, PE



Department of Transportation
Division of Highway and Bridge Maintenance
360 Lincoln Avenue
Warwick, RI 02888

March 31, 2023

Dowdell Engineering
Attn: Mr. Mark L. Dowdell, P.E.
P.O. Box 1684
3949 Old Post Road,
Charlestown, RI 02813

RE: Physical Alteration Permit (PAP) Applicability Request
2300 Post Road,
South Kingstown, RI

Dear Mr. Dowdell,

We have received your request for applicability (copy attached) for the proposed subdivision of an existing parcel for the development of a four-bedroom residential dwelling. The new house will utilize the same existing driveway curb cut and an access easement will be drafted and executed in order to convert the driveway to shared use and allow access to both residences. No work is proposed within the State Highway Right-of-Way and no changes to the existing drainage pattern are proposed.

With that said, based on our review of the above information, we have determined that the proposed subdivision and residential development do not require a Physical Alteration Permit (PAP) from our office. Please provide us with a copy of the access easement once it is fully executed and recorded for our records. Should you have any questions, please contact the reviewing engineer, Sam Lapatin at 401-734-4857.

Sincerely,

Matthew J. Ouellette, P.E.
State Highway Maintenance Operations Engineer

Attachment(s): Applicability Request dated 3/24/23

cc: Lapatin, Ouellette (all w/o attachment)
File (w/ attachment)

200' Abutters List - Cecile Cohen Subdivision

AP	Lot	LOCATION	Owner Name	Co-owner Name	Owner Mailing Address	Town, State, Zip
73-3	12	2321 POST ROAD	GARDNER, DEREK E	GARDNER, STEVEN C	5 JON ST	CAROLINA, RI 02812
73-3	11	2323 POST ROAD	GARDNER III, ARTHUR A	GARDNER, NICOLE	2323 POST RD	WAKEFIELD, RI 02879
79-2	24	2269 POST ROAD	ROLOFSON, GLEN E ETUX	KRISTINE N	2269 POST ROAD	WAKEFIELD, RI 02879
79-2	21	2329 POST ROAD	PIERCE BRIAN &	WHEELER MEREDITH A	2329 POST ROAD	WAKEFIELD, RI 02879
79-2	22	2315 POST ROAD	COLBERT, MELANIE J	null	2315 POST RD	WAKEFIELD, RI 02879
79-2	10	2378 POST ROAD	GILBERT, BARBARA S & RODNEY A	null	2378 POST RD	WAKEFIELD, RI 02879
79-2	9	2370 POST ROAD	HARRISON, ELISE Z	ELLINGHAM, DONALD B JR	2370 POST RD	WAKEFIELD, RI 02879
79-2	7	2348 POST ROAD	BOUCHER, BRADLEIGH S	null	2348 POST RD	WAKEFIELD, RI 02879
79-2	6	2320 POST ROAD	PIERCE, DEBRA C	null	2320 POST RD	WAKEFIELD, RI 02879
79-2	5	2300 POST ROAD	SMITH SIBLEY C JR &	COHEN CECILE L IRREVOC TRST	2300 POST ROAD	WAKEFIELD, RI 02879
80-1	59	2276 POST ROAD	MACEDA JASON S &	LESLIE A	27 THOMAS B DOOLIN CIRCLE	NORTH ATTLEBORO, MA 02760
80-1	3	COMM O H PERRY HIGHWAY	SOUTH KINGSTOWN LAND TRUST	null	17 MATUNUCK BEACH RD	WAKEFIELD, RI 02879
79-2	26	2278 POST ROAD	CADORET STEPHEN M &	KARA M	2278 POST ROAD	WAKEFIELD, RI 02879
79-2	4	2358 POST ROAD	FREY MATTHEW	GIBSON MELISSA T/E	158 HALSEY STREET	BROOKLYN, NY 11216

