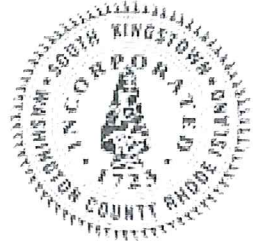


TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM

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



APPLICANT INFORMATION

Applicant Name: NEIL GARCEAU
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 98 WILSHIRE PARK NEEDHAM MA 02492
Applicant Phone: 617-306-5440 Applicant Email: GARCEAUNEIL@gmail.com

OWNER INFORMATION

Owner Name(s): NEIL GARCEAU
Owner Contact Information: 98 WILSHIRE PARK NEEDHAM MA 02492

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: PLAT 24-1 LOT 40
Physical Address or Location of Parcel(s): 239 OLD NORTH ROAD South Kingstown RI 02881
Zoning District(s) of Parcel(s): R-10 Total Size of Development Parcel: 10,000 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 |



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 \$ N/A.

(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

6/20/23
Date

Neil GARCEAU
Printed Name

OWNER AUTHORIZATION FORM

Submittal Date: 6/20/23

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, NEIL GARCEA hereby certify that I am an/the owner of property designated as Plat 24-1, Lot 40, 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 Neil Garcea (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 20th day of June, 2023.

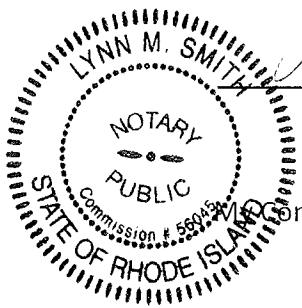
BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In South Kingstown on the 20th day of June 2023, before me personally appeared Neil Garcea (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.).

[Signature]
Notary Public
Commission Expires: 08/02/2025



PROJECT TEAM FORM

N/A

Submittal Date: 6/10/23

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: NONE

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

Address: _____

Phone: _____ Email: _____

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

Name: NONE

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: NONE

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: NONE

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: NONE

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: NONE

Role on Project: _____

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

Address: _____

Phone: _____ Email: _____

KINGSTON FIRE DISTRICT

35 Bills Road
Post Office Box 284
Kingston, Rhode Island
02881-0284

Office of Fire Prevention
firemarshal@Kingstonfire.net

(P) 401.783.6830
(F) 401.792.4896
TTY via RI Relay @ 711
Emergency 911

June 14,2023

Jamie Gorman
Building/ Zoning Official
Town of South Kingstown

Mr. Gorman,

I am writing this letter in support of the renewal of the Special Use Permit for the residence located at 239 Old North Rd.

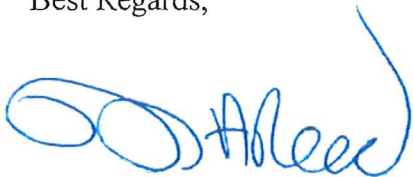
Mr. Garceau, the owner, contacted me to let me know he was in front of TRC and that you would like a letter of support in his file.

The Fire District has not had any issues with this property or its residents. Mr. Garceau appears to have a good vetting process in place for tenants and is a respectable and responsible landlord.

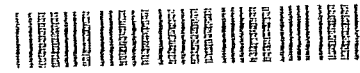
The Kingston Fire District has no objection to a renewal of the Special Use Permit for this property.

Please feel free to contact me if there are any questions or concerns.

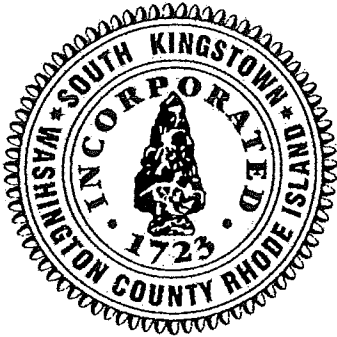
Best Regards,



Tom Reed
Fire Chief/Fire Marshal
Kingston Fire District
P.O. Box 284
35 Bills Road
Kingston, RI 02881
(p) 401-783-6830
(m) 401-255-6489
(f) 401-792-4896
TTY via RI Relay @ 711
www.kingstonfire.net



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 E/P:1726/Pgs 408 -- 409 (2 pgs)
 INST#: 2933
 TOWN OF SOUTH KINGSTOWN, RI



Town of South Kingstown, Rhode Island

BUILDING AND ZONING DEPARTMENT

180 High Street
 Wakefield, RI 02879
 Tel (401) 789-9331 x1224
 Fax (401) 789-9792

ZONING BOARD OF REVIEW

NOTICE OF DECISION

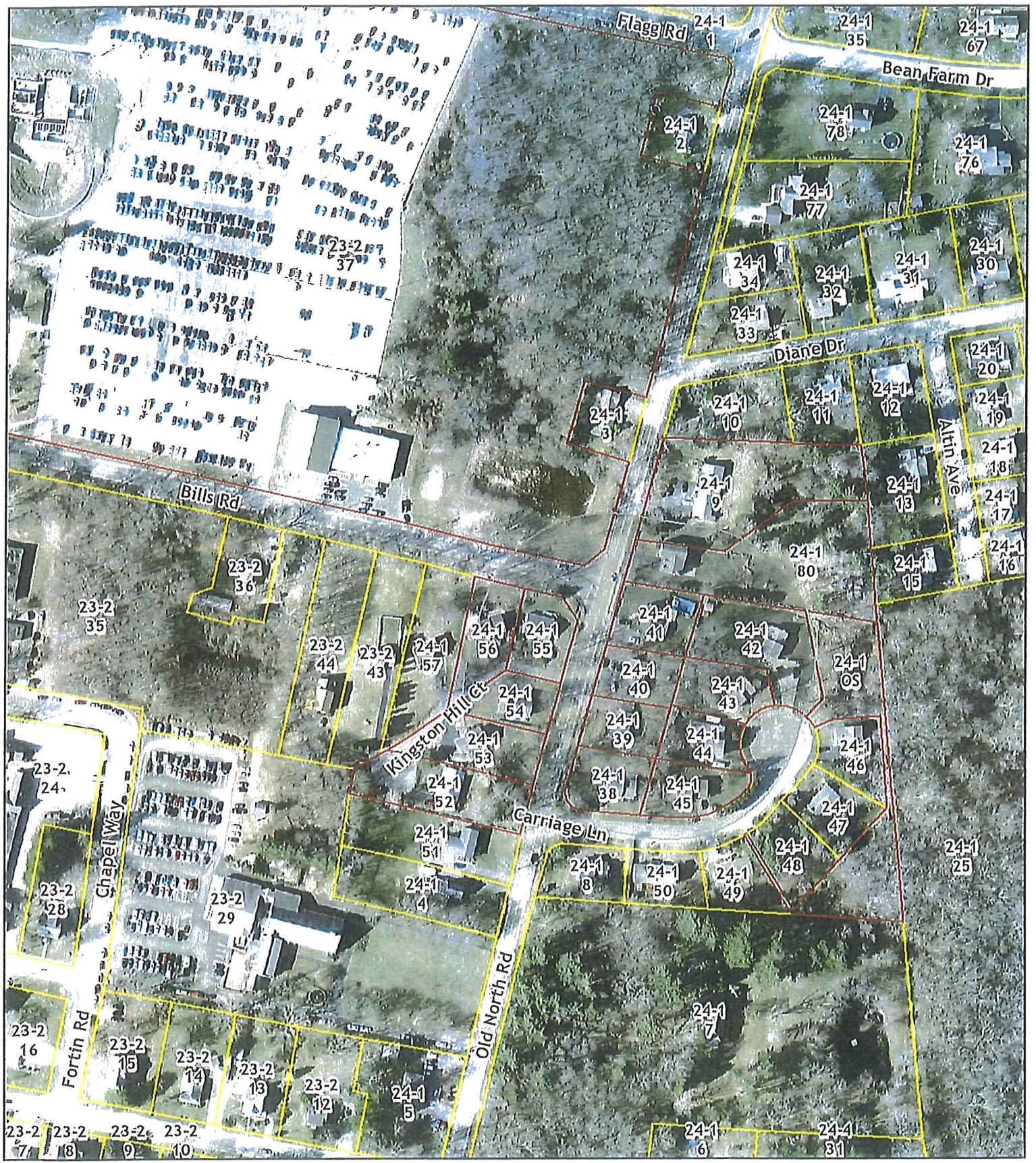
December 9, 2019

At a meeting of the Zoning Board of Review held November 20, 2019, your petition was **Granted** for a **Special Use Permit** under the Zoning Ordinance as follows: The applicant is seeking a special use permit to allow more than three (3) unrelated individuals within the existing single family dwelling. The dwelling will consist of six bedrooms. They are proposing to house up to 6 unrelated individuals. Advisory Development Plan approval was granted by the South Kingstown Planning Board on August 29, 2019. Lot size is 10,000 square feet. **A Special Use Permit is required per Zoning Ordinance Section 504.14 (Household Occupancy by more than Three Unrelated Individuals) and Section 907 (Standards of Relief).** Owner is Deborah Collins & Bruce Dearnaley for premises located at 239 Old North Road, South Kingstown, RI, Assessor's Map 24-1, Lot 40 and is zoned R-10.

The Decision of the Board is as follows:

MR. CAGNETTA: I'd like to make a motion to approve the Continuation of the Petition of Deborah Collins and Bruce Dearnaley of 305 Fletcher Road in North Kingstown. This is for a Special Use Permit that they want to allow more than three unrelated individuals within the existing family dwelling. This is a building that has six bedrooms and the attorney for the applicant had discussed the situation of the house has accommodated these six bedrooms for some time now. The owners of the building are applying for this special use because of their awareness of the regulations. There's been no fines or any violations on the property. There's no concerns by neighbors on the property in terms of use and the amount of families. And the main concern that Board members had was the parking situation. Old North Road is a pretty well-traveled road, especially during the students at U.R.I. when it's in session. So the concern was for the ability of the vehicles to safety turn around and exit the property. The applicant has provided the Board with a full-size set of plans that is dated 11/7/18 depicting the parking spaces to which this Board member is satisfied by their dimensions, as well as the turning radii, as well as the entrance into the property. In a Special Use Permit, we do have to consider ingress and egress as one of our considerations, as well as changing the character of the neighborhood. And we found that this house is not changing the character of the neighborhood because it's been maintained as such as a six-bedroom home that students have been living in for some time, and we resolved the parking and movement in and out. They've also located the trash, the trash bin, on the south elevation of the building, and this will all be tied to said plan that I mentioned. So, with that, I'd like to make a motion to approve.

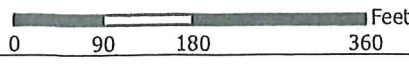
MR. JURCZAK: Would you consider just amending that to make them specifically require them to do this paving, and I don't know if we want a date? I mean, it's winter. I don't know if you can pave in the winter.



Washington County, Rhode Island

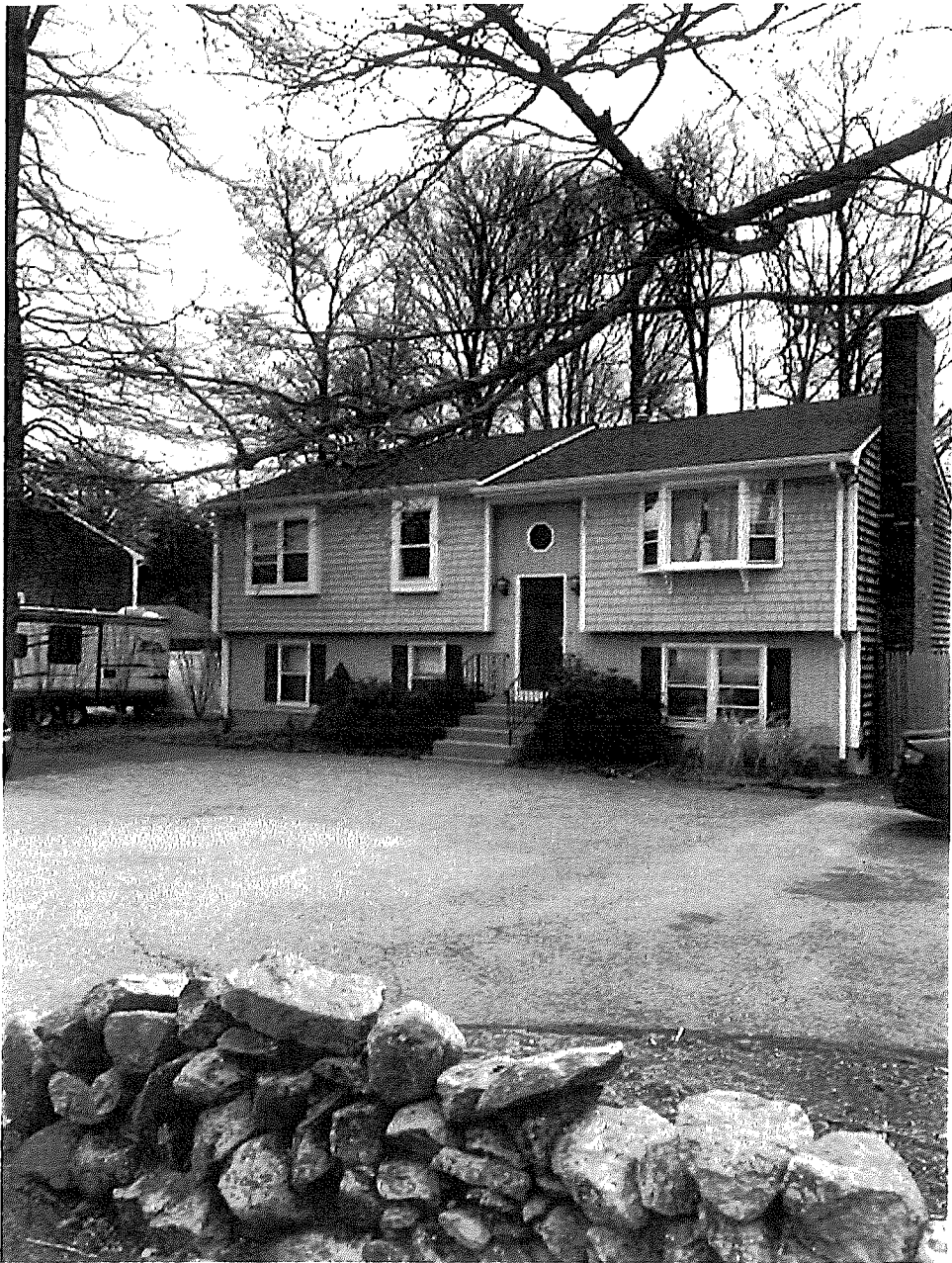
Horizontal Datum is Rhode Island State Plane Feet, NAD83.

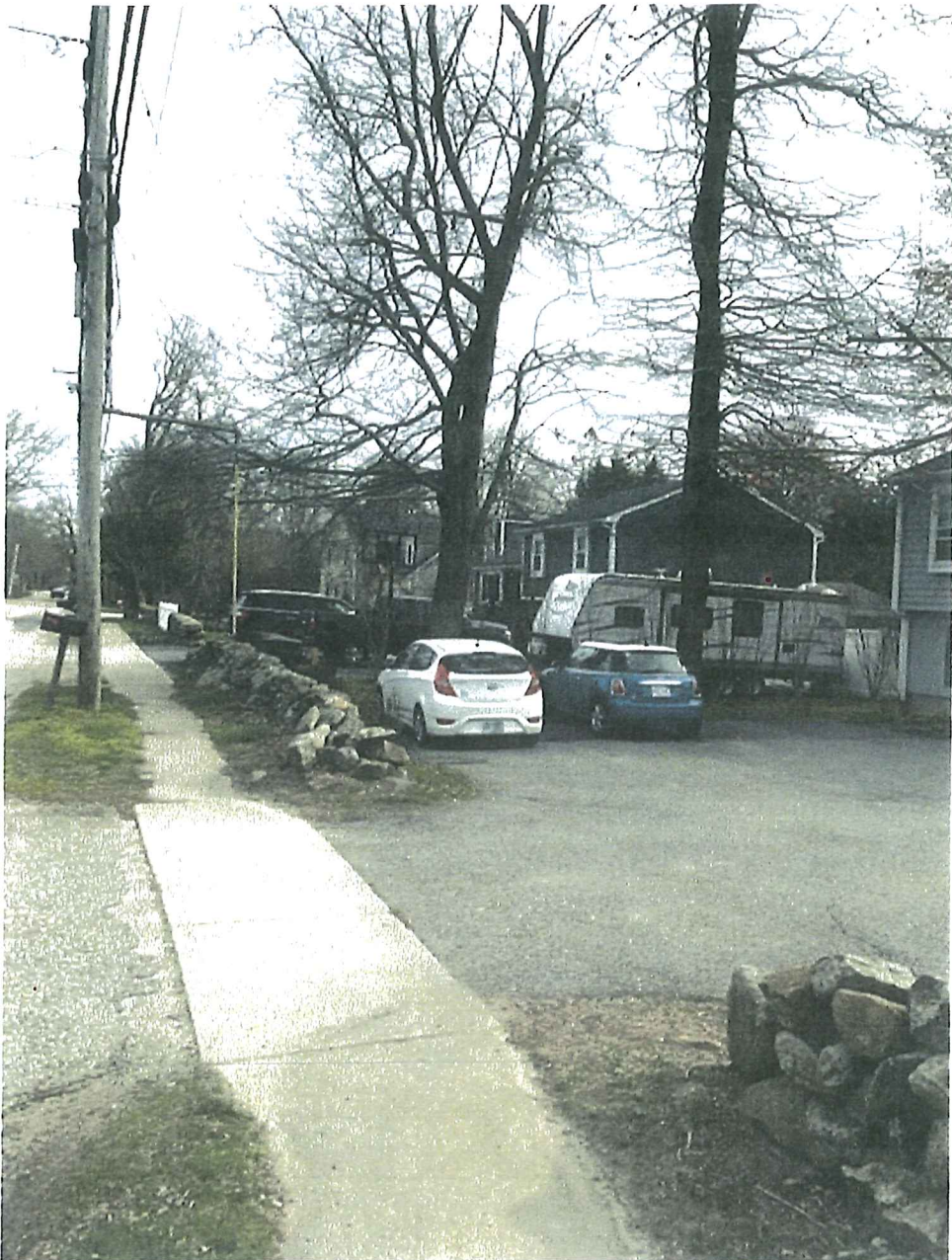
1 Inch = 198 feet

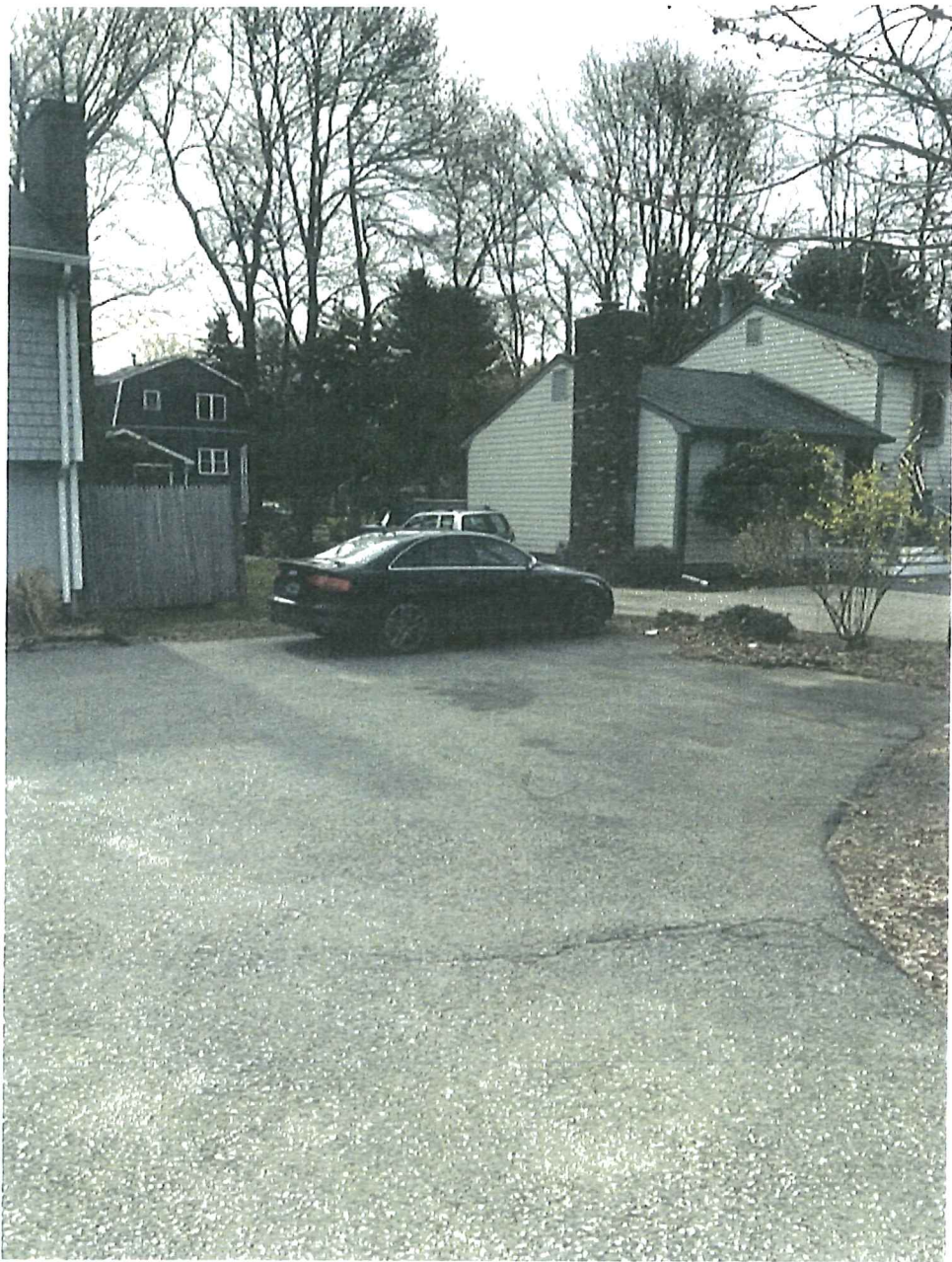


Parcel Boundaries not legally binding for title or zoning purposes.

The Town of South Kingstown makes no warranty as to the accuracy, reliability, or completeness of the information and is not responsible for any errors or omissions for results obtained from the use of the information.

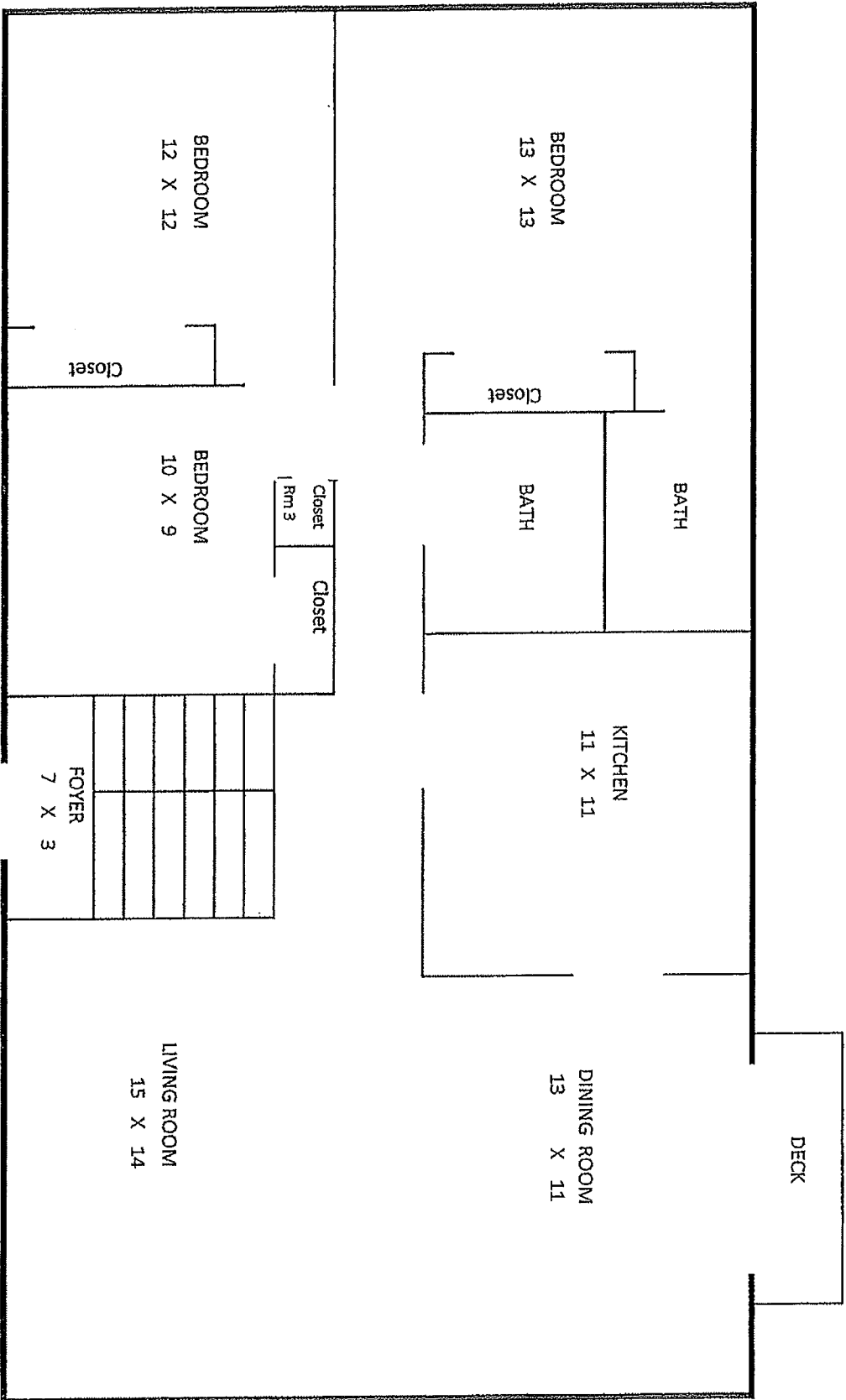




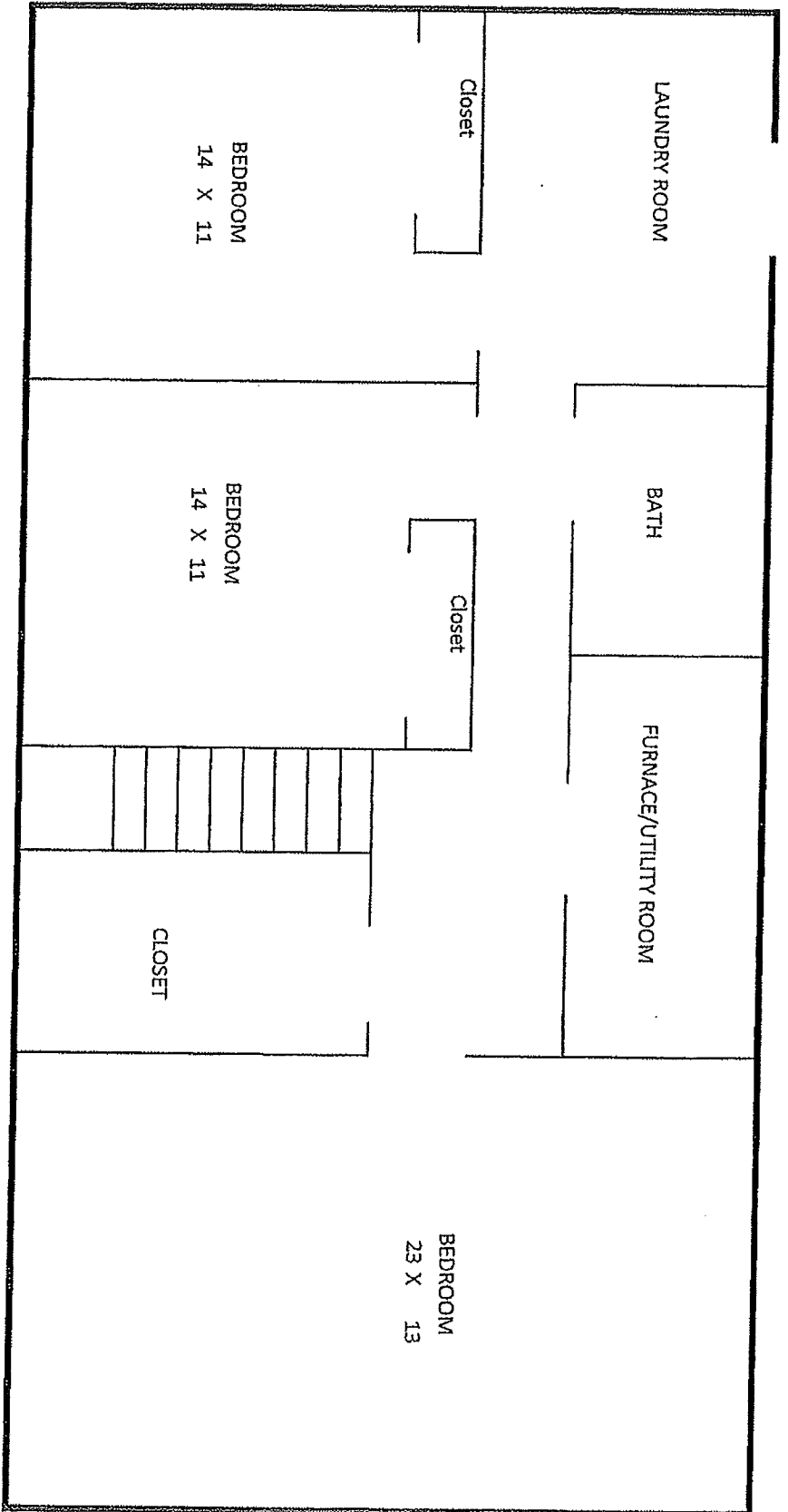








UPPER LEVEL



LOWER LEVEL