

**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: MTK ESM LLC  
Name of Primary Contact (if applicant is an organization): Perry Raso  
Applicant Address: 629 Succotash Road, Wakefield, RI 02879  
Applicant Phone: 401-932-4946 Applicant Email: perryraso@gmail.com

**OWNER INFORMATION**

Owner Name(s): MTK ESM LLC  
Owner Contact Information: Perry Raso, 629 Succotash Road, Wakefield, RI 02879

**PROJECT INFORMATION**

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: Plat 87-2 Lot 4  
Physical Address or Location of Parcel(s): 650 Succotash Road, Wakefield, RI 02879  
Zoning District(s) of Parcel(s): CW Total Size of Development Parcel: 45,232 sq ft  
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  |
| <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 checked="" 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  |

**RECEIVED IN  
PLANNING DEPARTMENT**

**OCT 03 2023**

**TOWN OF  
SOUTH KINGSTOWN**

\*Rooftop Mechanical and Enclosures.

**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.

PR  
Applicant Signature

9/27/2023  
Date

Perry Raso  
Printed Name