

**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: Commodore Manor LLC  
Name of Primary Contact (if applicant is an organization): Sean Hevenor  
Applicant Address: 135 Lantern Lane, North Kingstown, RI 02852  
Applicant Phone: 401-499-5700 Applicant Email: Sean@SellRhody.com

**OWNER INFORMATION**

Owner Name(s): Commodore Manor LLC  
Owner Contact Information: Sean Hevenor 401-499-5700

**PROJECT INFORMATION**

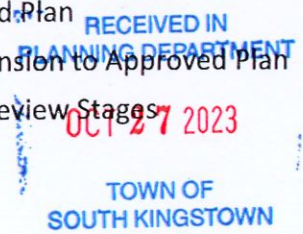
Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 80-02//14  
Physical Address or Location of Parcel(s): 2625B Commodore Oliver Hazard Perry Highway  
Zoning District(s) of Parcel(s): R80 Total Size of Development Parcel: 2.64ac  
Date of Initial Meeting with Planning Department Staff (before first stage of review): 10/27/2023

**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 \$\_\_\_\_\_.

(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

10/27/2023  
\_\_\_\_\_  
Date

Sean Hevenor  
\_\_\_\_\_  
Printed Name

**OWNER AUTHORIZATION FORM**

Submittal Date: 10/27/2023

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, Ames Kaiser hereby certify that I am an/the owner of property designated as Plat 80-2, 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 Ames Kaiser (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.

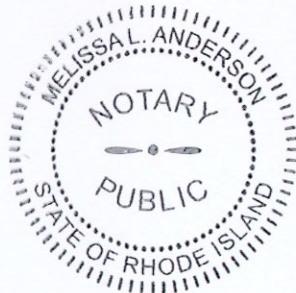
WITNESS its name this 27 day of October, 2023.

BY: [Signature]  
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In North Kingstown on the 27<sup>th</sup> day of October, before me personally appeared Ames Kaiser (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.).



Melissa Anderson  
Notary Public

My Commission Expires: 7/7/2020

**OWNER AUTHORIZATION FORM**

Submittal Date: 10/27/2023

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, Sean Hevenor hereby certify that I am an/the owner of property designated as Plat 80-2, 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 Sean Hevenor (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.

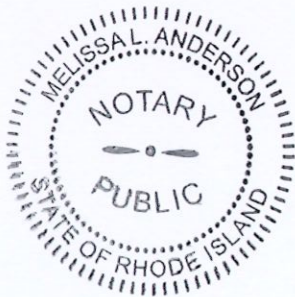
WITNESS its name this 27<sup>th</sup> day of October, 2023.

BY: [Signature]  
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In North Kingstown on the 27<sup>th</sup> day of October, before me personally appeared Sean Hevenor (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.).



Melissa Anderson  
Notary Public

My Commission Expires: 7/7/2026

# PROJECT TEAM FORM

Submittal Date: 10/27/2023

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: Resnick and Caffrey PC

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

Address: 300 Centerville Rd, Suite 300, Warwick, RI 02888

Phone: 401-738-4500 Email: JCaffrey@resnickandcaffrey.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: \_\_\_\_\_

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: \_\_\_\_\_

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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Name: Resnick and Caffrey PC

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

Address: 300 Centerville Rd, Suite 300, Warwick, RI 02888

Phone: 401-738-4500 Email: JCaffrey@resnickandcaffrey.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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_