

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: Sean Hevenor
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): Ames Kaiser and Sean Hevenor
Owner Contact Information: Sean Hevenor 401-499-5700 or Sean@sellrhody.com

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 80-2//14
Physical Address or Location of Parcel(s): 2625B Commodore Oliver Hazard Perry Highway, Wakefield, RI
Zoning District(s) of Parcel(s): 80-2 Total Size of Development Parcel: 2.64 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): 12/1/2023

TYPE OF PROJECT (select all that apply)

- Development Plan Review
- Administrative Subdivision
- Minor Subdivision, without street creation or extension
- Minor Subdivision, with street creation or extension
- Major Subdivision
- Minor Land Development Project
- Major Land Development Project
- Multi-Household Land Development Project
- Flexible Design Residential Project (FDRP)
- Residential Compound
- Comprehensive Permit

CURRENT STAGE OF REVIEW (if applicable)

- Pre-Application Concept Review
- Conceptual Master Plan
- Preliminary Plan
- Final Plan
- Recording
- Release of Performance/Maintenance Guarantee
- Change to an Approved Plan
- Reinstatement or Extension to Approved Plan
- Request to Combine Review Stages
- 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 \$ 0.

(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

12/1/2023

Date

Sean Hevenor

Printed Name

PROJECT TEAM FORM

Submittal Date: 12/1/2023

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: 401-438-4500 Email: JCaffrey@resnickandcaffrey.com

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

Name: American Engineering

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

Address: 400 South County Trail - Suite A201 Exeter, RI 02822

Phone: (401) 294-4090 Email: dcotta@americanengineeringri.com

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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OWNER AUTHORIZATION FORM

Submittal Date: 12/1/2023

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 1st day of DECEMBER, 2023.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of KENT

In WARWICK on the 1st day of DECEMBER, 2023, 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.).



[Signature]
Notary Public
My Commission Expires: _____

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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 _____ (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 1st day of December, 2023.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In North Kingstown on the 1st day of December, 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.).

[Signature]
Notary Public

Erin M. Connor ID#51057
Notary Public
State of Rhode Island

My Commission Expires: 8/3/25

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