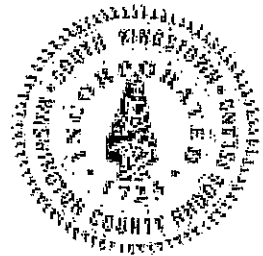


TOWN OF SOUTH KINGSTOWN  
PLANNING BOARD  
PROJECT REVIEW APPLICATION FORM

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



APPLICANT INFORMATION

Applicant Name: Bell Capital LLC  
Name of Primary Contact (if applicant is an organization): Harrison Bell  
Applicant Address: 10 High St Wakefield, RI 02879  
Applicant Phone: (401) 644-3350 Applicant Email: hgbell10@gmail.com

OWNER INFORMATION

Owner Name(s): Bell Capital LLC  
Owner Contact Information: (401) 644-3350

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 48-3, LOT 147  
Physical Address or Location of Parcel(s): 485 - 487 High St  
Zoning District(s) of Parcel(s): CD Total Size of Development Parcel: 0.41 AC  
Date of Initial Meeting with Planning Department Staff (before first stage of review): 6/12/23

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 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  |

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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 \$ 260.

(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.

Harrison Bell  
Applicant Signature

8/14/23  
Date

Harrison Bell  
Printed Name

Town of South Kingstown  
Planning Department

111 N. Main Street  
South Kingstown, RI 02881  
Phone: 401-441-1234

**PROJECT TEAM FORM**

Submittal Date: \_\_\_\_\_

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  N

Name: KENYON LAW

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

Address: 133 OLD TOWER HILL Rd WAKEFIELD

Phone: 401 789 0217 Email: SBK@KENYONLAWYERS.COM

**ENGINEER** This entity should be copied on all project correspondence  YES  N

Name: AMERICAN ENGINEERING

Name of Primary Contact (if engineer is an organization): MATT COTTA

Address: 400 SOUTH COUNTY TR STE A 201 EXETER RI 02822

Phone: 401 640 4274 Email: dcotta@americanengineeringri.com

**SURVEYOR** This entity should be copied on all project correspondence  YES  N

Name: AMERICAN ENGINEERING

Name of Primary Contact (if surveyor is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LANDSCAPE ARCHITECT** This entity should be copied on all project correspondence  YES  N

Name: MATHER PAGE

Name of Primary Contact (if landscape architect is an organization): LISA FRAZIER

Address: 135 W AILANTON Rd NORTH KINGSTOWN RI 02852

Phone: 401 598 6848 Email: LISA@MATHERPAGE.COM

**ARCHITECT** This entity should be copied on all project correspondence  YES  N

Name: FRANK KARPOWITZ

Name of Primary Contact (if architect is an organization): \_\_\_\_\_

Address: 26 SOUTH COUNTY COMMONS WAY UNIT A5 WAKEFIELD RI

Phone: 401 782-4604 Email: Frank@FKarchitects.com

**OTHER** This entity should be copied on all project correspondence  YES  N

Name: \_\_\_\_\_

Role on Project: \_\_\_\_\_

Name of Primary Contact (if entity is an organization): AUG 25 2023

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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JUL 10 2023  
TOWN OF  
SOUTH KINGSTOWN  
TOWN OF  
SOUTH KINGSTOWN

**OWNER AUTHORIZATION FORM**

Submittal Date: \_\_\_\_\_

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, Harrison BELL, hereby certify that I am an/the owner of property designated as Plat 48-3, Lot 147, 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 Harrison BELL (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 13<sup>th</sup> day of June, 2023

BY: [Signature]  
Signature of Owner

STATE OF RHODE ISLAND  
County of Washington

In South Kingstown on the 13<sup>th</sup> day of June 2023, before me personally appeared Harrison Bell (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 member (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]  
Notary Public

My Commission Expires: L. Celani  
Notary Public, State of Rhode Island  
My Commission Expires 12/1/26  
ID# 58105

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JUN 13 2023

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SOUTH KINGSTOWN

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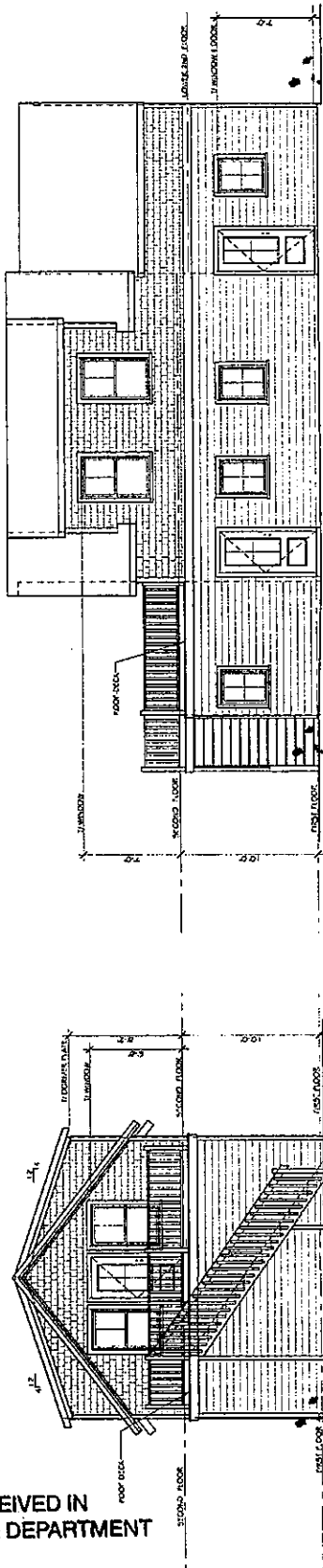
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**\* PROPOSED**

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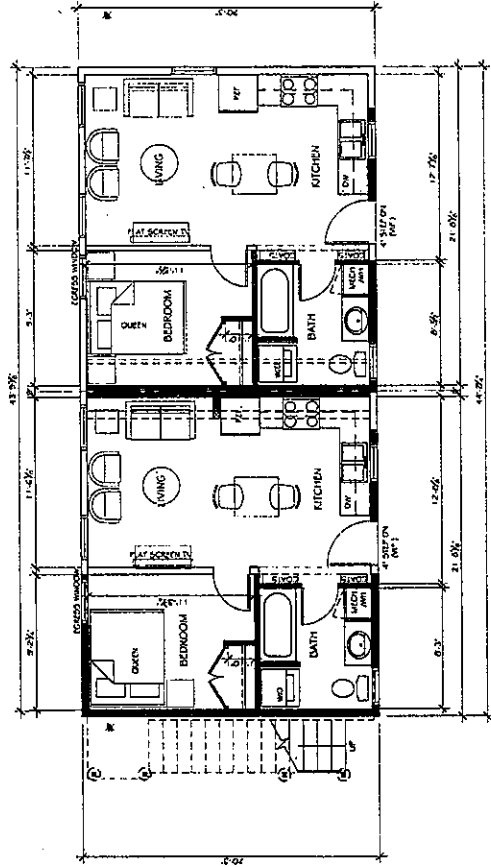
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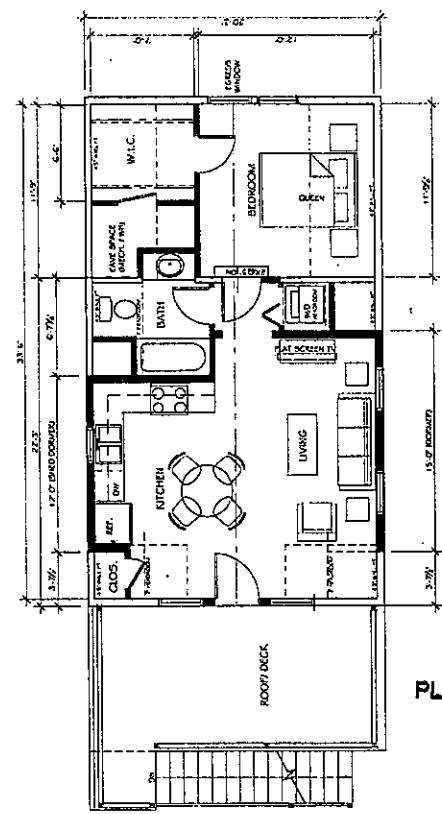


**A SOUTH ELEVATION-PD1**

**B PROPOSED WEST ELEVATION-PD1**



**A PROPOSED FIRST FLOOR PLAN**



**A PROPOSED SECOND FLOOR PLAN**

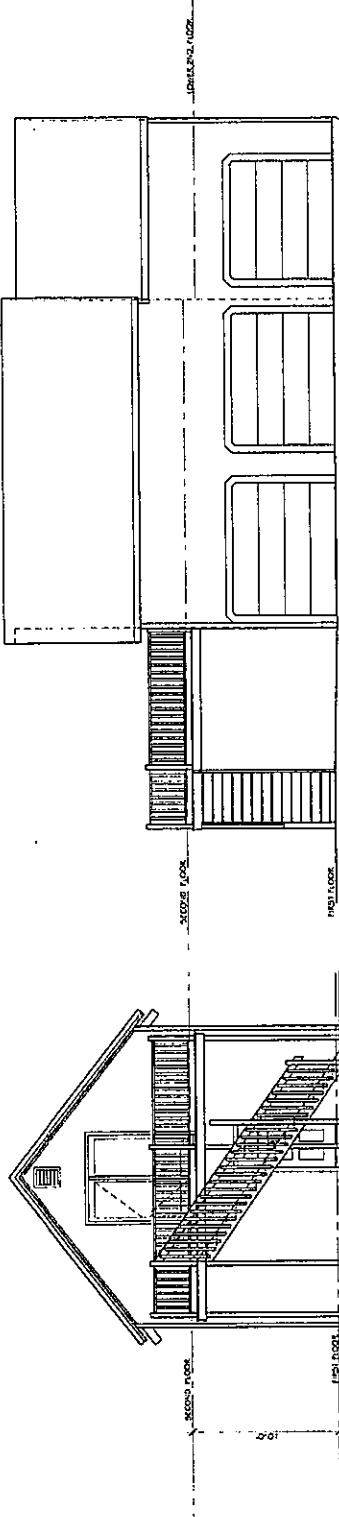
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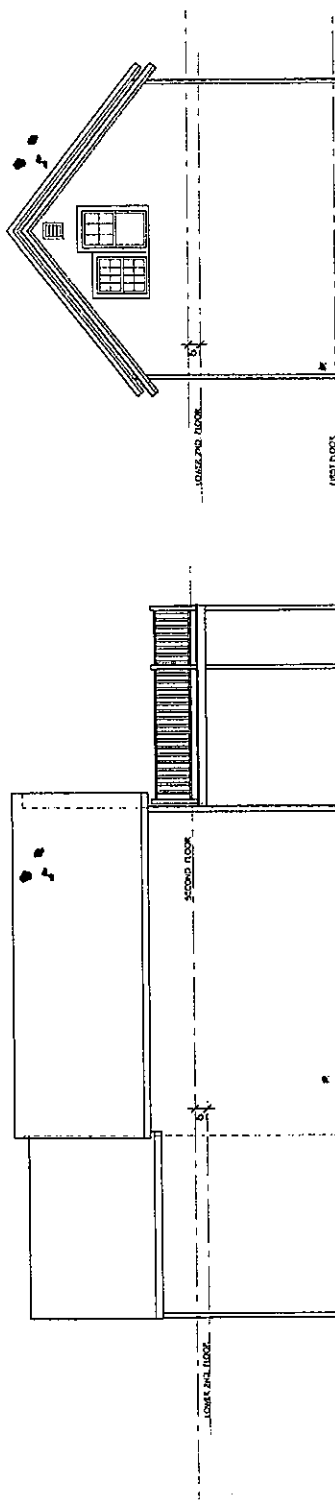
|                                  |                |
|----------------------------------|----------------|
| PROJECT No. 14-000               | DATE 11/14/22  |
| 485 High Street<br>Wakefield, RI |                |
| FLOOR PLANS AND ELEVATIONS       |                |
| DATE 7/10/23                     | BY [Signature] |
| DATE 7/10/23                     | BY [Signature] |
| DATE 7/10/23                     | BY [Signature] |
| <b>A1.1</b>                      |                |

\* EXISTING



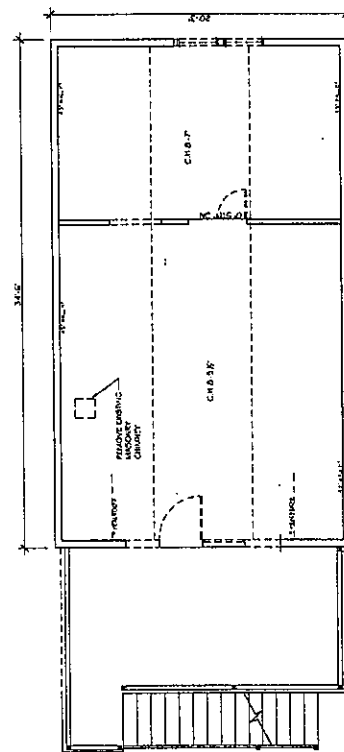
A EXISTING SOUTH ELEVATION

B EXISTING WEST ELEVATION

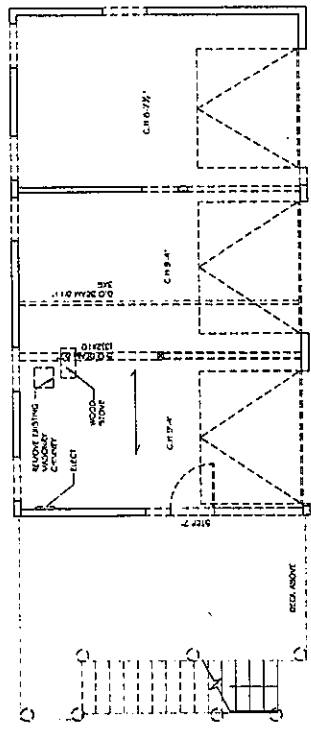


C EXISTING NORTH ELEVATION

D EXISTING EAST ELEVATION



B EXISTING / DEMOLITION SECOND FLOOR PLAN



A EXISTING / DEMOLITION FIRST FLOOR PLAN

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JUL 10 2023

TOWN OF  
SOUTH KINGSTOWN

| F | K | A |  
FRANK KAMPHUIS ARCHITECTS INC.  
1000 Main Street, Suite 100  
Wakefield, RI 02891  
401.833.1010

|                       |                 |                                  |   |
|-----------------------|-----------------|----------------------------------|---|
| PROJECT<br>No. 23-001 | DATE<br>7/10/23 | 485 High Street<br>Wakefield, RI | EXISTING/<br>DEMOLITION<br>PLANS<br>AND<br>ELEVATIONS |
| PROJECT<br>No. 23-001 | DATE<br>7/10/23 |                                  |   |
| PROJECT<br>No. 23-001 | DATE<br>7/10/23 | PROJECT<br>No. 23-001            | DATE<br>7/10/23                                       |

AD.1



UNION FIRE DISTRICT OF SOUTH KINGSTOWN  
 131 ASA POND ROAD  
 SOUTH KINGSTOWN, RI 02879



TEL (401) 789-8354

FAX (401) 789-8750

August 21, 2023

To Whom it may Concern.

In August a Site /Property survey was done at 485 High to answer questions about the requirements for Fire Department access. This request was made by the contractor A Mr. Harry Bell.

I have Measured form the curb cut to the door on the building in question at 130feet. This distance is 20Feet short from the requirement by the RIFC of 150 Feet to require a Fire Department turn around.

The width of the driveway/access measures 14FT. This with meet the road requirements for a Fire Engine to access the building in question.

The distance to the nearest fire Hydrant to the curb Cut is 260 Feet. This hydrant is located at the south corner of Church and High St.

After completing this survey, I see no need for a Fire Department turnaround.

Please feel free to contact me with any questions. Thank you.

Dennis Bernier

Interim Fire Marshal

131 Asa Pond Rd

Wakefield RI

Phone (401) 789-8354

Cell (401) 489-9915

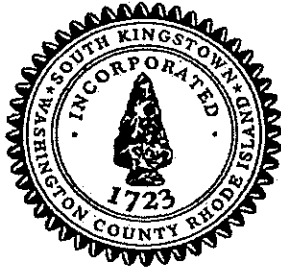
[Dbernier@unionfiredistrict.com](mailto:Dbernier@unionfiredistrict.com)

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TOWN OF  
 SOUTH KINGSTOWN

**“Safety Always”**



# Town of South Kingstown, RI

Department of Public Services  
509 Commodore Perry Highway  
Wakefield, RI 02879  
Tel: (401) 789-9331  
Fax: (401) 782-8068

## SEWER SERVICE ENGINEERING REVIEW REQUEST

Eric  
265-0461

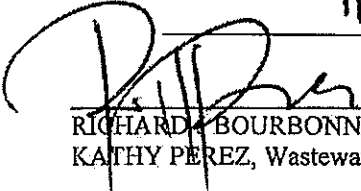
Review Requested By: Bell Capital LLC

Property Address: 491 High Street (3- 1 bedroom apartments)

Plat: 48-3                      147                      Road Status:  Town  Private  State

- SEWER SERVICE IS AVAILABLE AT THIS TIME\* (See Note)
- SEWER SERVICE IS AVAILABLE AT THIS TIME, BUT REQUIRES LATERAL INSTALLATION AT PROPERTY OWNER'S EXPENSE
- SEWER SERVICE IS NOT AVAILABLE AT THIS TIME
- SEWER MAIN EXTENSION REQUIRED
- GREASE TRAP REQUIRED; CONTACT KRYSTAL FURLONG, PRETREATMENT COORDINATOR, AT 788-9771 FOR MORE INFORMATION.
- UTILITIES IN A STATE RIGHT-OF-WAY WILL REQUIRE A RIDOT INSPECTION. APPLICANT SUBJECT TO PAY ALL RIDOT INSPECTION FEES.

OTHER: upgrade service lateral to 6" if it is determined to be smaller. please work with the sewer dept for applicable fees.

  
RICHARD BOURBONNAIS, PE, Public Services Director  
KATHY PEREZ, Wastewater Superintendent

8-22-2023  
DATE

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\*NOTE: The Town makes no warranty either written or implied as to the accuracy of lateral installation. Confirmation of lateral is only warranted upon test-pit verification at property owner's expense.

8/7/23

TOWN OF  
SOUTH KINGSTOWN



**Patrick Grant  
Superintendent**

**Veolia Water Rhode Island  
10 High Street, Suite K  
Wakefield, RI 02879  
TEL 401-228-5912**

**August 9, 2023**

**Harrison Bell/Eric Bell**

**Re: Water availability at Rear Building 485-487 High Street, Wakefield**

This letter is to inform you that water service is available at the above referenced location on High Street from the Veolia Water Rhode Island (VWRI) system.

Please contact me at the phone number above or Michael McManus, Planning Coordinator at (401) 287-2338 if you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to be "P. Grant", written over a horizontal line.

Patrick Grant

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PLANNING DEPARTMENT

AUG 25 2023

TOWN OF  
SOUTH KINGSTOWN