

OWNER AUTHORIZATION FORM

Submittal Date: 3/1/2024

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, Sheleen Clarke hereby certify that I am an/the owner of property designated as Plat 33, Lot 24, 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 New England Properties, LLC (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 7th day of February, 2023

BY: Sheleen M. Clarke
Signature of Owner

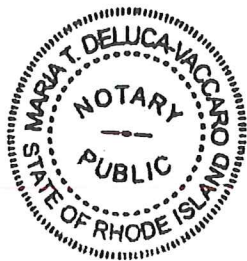
STATE OF RHODE ISLAND

County of WASHINGTON County

In NORTH KINGSTOWN on the 7th day of February, before me personally appeared Sheleen Clarke (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.).

Maria T. Deluca-Vaccaro
Notary Public

My Commission Expires: 3/23/26



PROJECT TEAM FORM

Submittal Date: 3/1/2024

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: James Callaghan

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

Address: 3 Brown Street, Wickford Village, North Kingstown, RI 02852

Phone: 401-294-4555 Email: james@callaghanlawri.com

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

Name: Commonwealth Engineers & Consultants, Inc.

Name of Primary Contact (if engineer is an organization): Timothy Behan

Address: 400 Smith Street, Providence, RI 02908

Phone: 401-273-6600 Email: tbehan@commonwealth-eng.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: John C. Carter & Company, Inc.

Name of Primary Contact (if landscape architect is an organization): John Carter

Address: P.O. Box 121, Saunderstown, RI 02874

Phone: 401-783-3500 Email: ICC@johncartercompany.com

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: New England Properties, LLC

Role on Project: Applicant

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

Address: 257 Wickford Ct, North Kingstown, RI 02852

Phone: 401-529-4690 Email: sclarke4477ri@gmail.com