



APPLICATION FOR ZONING MAP AMENDMENT

Town of South Kingstown

APPLICANT INFORMATION

Applicant Name: South County Hospital Healthcare System

Name of Primary Contact (if applicant is an organization): Andrew Prescott

Applicant Address: 100 Kenyon Avenue

Applicant Phone: 401-788-8698 Applicant Email: aprescott@southcountyhealth.org

Name of Person Authorized to Act as the Applicant's Representative: John C. Revens, Jr.

Revens, Revens, St. Pierre & Wyllie
946 Centerville Rd.
Warwick, RI 02886 (401) 822-2900

PROPERTY INFORMATION

Assessor's Plat and Lot: Map 64-1 Lot 16 Size of Area to be Rezoned: 39,640 sq. ft. acres/sq ft

Physical Address: 11 Kenyon Avenue

Current Zoning Designation: R10 - Medium High Density Residential District. Proposed Zoning Designation: GI-1 - Government and Institutional-1.

ITEMS TO BE SUBMITTED BY THE APPLICANT

1. Filing Fee: \$600 (make check payable to the Town of South Kingstown)
2. Two (2) copies of a narrative summary of the reason for the proposed Zoning Map amendment, including the Use Codes proposed for the property
3. Two (2) copies of a map drawn to scale showing the boundaries of the area proposed for the zone change, plus the following information relative to the area within 200 feet of the area proposed for the zone change:
 - a. Existing zoning district boundaries;
 - b. Existing street/road locations and names;
 - c. Existing property lines and Assessor's Plat and Lot information for each parcel; and
 - d. Town boundaries, where appropriate.
4. Two (2) copies of a list containing the names and addresses of all property owners located in or within 200 feet of the boundary of the area proposed for zone change

5. Two (2) copies of a survey plan, bearing the stamp of a registered professional engineer or land surveyor affirming that the boundaries of the property have been surveyed and closed, unless the property in question can be precisely identified by reference to (1) an approved plat containing a surveyor's stamp that has been recorded in the Town's land evidence records, or (2) a specific Plat and Lot designation of the Tax Assessor (see Section 1003 of the Zoning Ordinance)

COSTS TO BE BOURNE BY THE APPLICANT

1. Filing Fee of \$600
2. All costs of newspaper advertisement of the required Public Hearing. The applicant will be billed by the Town Clerk after newspaper advertisements appear. The approximate costs of advertising will be estimated by the Town Clerk if requested by the applicant.
3. Mailing Costs for mail notice of the public hearing before the Town Council, to be sent to all property owners requiring notice by Section 1002 of the Zoning Ordinance. A copy of the notice will be provided to the applicant by the Town Clerk.

CERTIFICATION

The applicant understands that the required filing fee will be deposited upon receipt in order to initiate review of the application for completeness and that deposit of the fee does not indicate that the application has been certified complete.

The applicant and/or their representative agrees to attend scheduled meetings of the Town Council, Planning Board, and any other Boards or Commissions as may be required, and provide all requested information. The applicant and/or their representative accepts the responsibility for rescheduling any meetings she/he fails to attend. Failure to obtain the necessary recommendations may result in the continuance or re-advertisement of the public hearing at the applicant's expense.

The applicant further agrees to provide all return receipts for required certified mailings to the Town Clerk prior to the public hearing as proof of notification. The applicant understands that failure to return said receipts or to notify those required by Section 1002 of the Zoning Ordinance may result in continuation of the Public Hearing or disapproval of the requested amendment by the Town Council.

Signature of Applicant John C. Revens, Jr., as Attorney for
South County Health Care System
Revens, Revens, St. Pierre & Wyllie
946 Centerville Road
Warwick, RI 02886

Date

RECORD OF SUBMISSION AND SCHEDULE OF MEETINGS

The schedule of dates and meetings outlined below shall be completed by the Director of Planning and the Town Clerk and forwarded to the applicant within 10 days of receipt of certification of a complete application.

_____ Date "completeness" is certified – *this constitutes official receipt by the Town*

_____ Date of first Planning Board Meeting

_____ Date(s) of subsequent Planning Board Meeting(s) – *all listed meeting dates may not be necessary based on the complexity of the application*

_____ Date Planning Board recommendation must be forward to the Town Council – *must be no more than 45 days from "completeness"*

_____ Date by which Public Hearing must begin – *must be no more than 65 days of receipt of recommendation from Planning Board*

The Town shall notify the applicant as to when the application is scheduled for review by the Town Council, Planning Board, or any other Board or Commission no later than 7 days before the meeting.

FOR INTERNAL RECORD KEEPING ONLY

_____ Date of Town Council Order of Notice

_____ Newspaper Advertisement Dates – *3 weeks*

_____ Date(s) of Public Hearing – *within 65 days of PB recommendation*

_____ Date of Town Council Closure of Public Hearing

_____ Date of Town Council decision – *must be within 45 days of closure of the Public Hearing*