

**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: Jeffrey D. + Kathy C. Robbins
Name of Primary Contact (if applicant is an organization): Jeffrey D. Robbins
Applicant Address: 380 Camp Fuller Rd
Applicant Phone: 401 741 3581 Applicant Email: robbinsmail27@gmail.com

OWNER INFORMATION

Owner Name(s): Jeffrey D. + Kathy C. Robbins
Owner Contact Information: 401 741 3581

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 76-1 / 3
Physical Address or Location of Parcel(s): 380 Camp Fuller Road
Zoning District(s) of Parcel(s): R80 Total Size of Development Parcel: 4.68 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): _____

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 checked="" 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

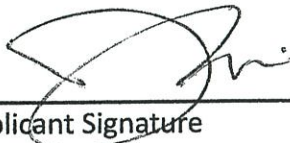
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations? yes* no

**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

9/23

Date

JEFF ROBBINS

Printed Name

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, JEFF ROBBINS + KATHERINE ROBBINS hereby certify that I am an/the owner of property designated as Plat 76-1, Lot 3, 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 [Signature] JEFF ROBBINS (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 17th day of July, 2024

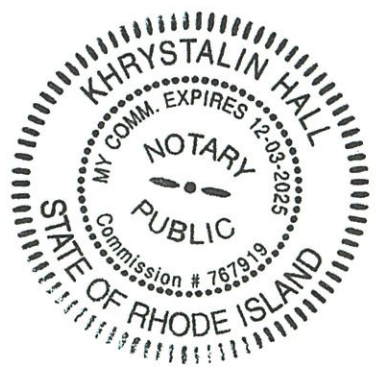
BY: [Signature] JEFF ROBBINS
[Signature] KATHERINE ROBBINS
Signature of Owner
CO-OWNER

STATE OF RHODE ISLAND
County of Washington

In Wakefield on the 17th day of July 2024 before me personally appeared Jeff & Katherine Robbins (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 individuals (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]
Notary Public

My Commission Expires: 12/03/2025



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 NO

Name: NACCARATO + FRACASSA
Name of Primary Contact (if attorney is an organization): KELLY FRACASSA
Address: 85 BEACH ST. BLDG C UNIT 8 WESTERLY, RI 02891
Phone: 401 596 0321 Email: KELLY@NACCARATOFRACASSA.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: Atlas Land Surveying & Marcus Channell
Name of Primary Contact (if surveyor is an organization): Marcus Channell
Address: 91 Parkway Dr Warwick, RI 02886
Phone: 401 263 7353 Email: atlaslandsurveying@yahoo.com

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: Atlas Land Surveying
Role on Project: Project Manager
Name of Primary Contact (if entity is an organization): Ken Cole
Address: 91 Parkway Dr Warwick, RI 02886
Phone: 401 364 6085 Email: greenhillenv@yahoo.com