

**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: 5A Builders, LLC

Name of Primary Contact (if applicant is an organization): Alexander Petrucci

Applicant Address: 15 Robertson Road, Narragansett, RI 02882

Applicant Phone: (401) 523-1805 Applicant Email: ajp1805@aol.com

OWNER INFORMATION

Owner Name(s): (Same as Applicant)

Owner Contact Information: _____

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: A.P. 40-4 Lot 55

Physical Address or Location of Parcel(s): Curtis Corner Road

Zoning District(s) of Parcel(s): R20 Total Size of Development Parcel: 28.06 acres

Date of Initial Meeting with Planning Department Staff (before first stage of review): 10/30/18

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 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 checked="" type="checkbox"/> Major Subdivision | <input type="checkbox"/> Residential Compound |

CURRENT STAGE OF REVIEW (if applicable)

- | | |
|--|---|
| <input checked="" 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


To be further defined at Master Plan stage

**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 \$ 100.

(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

6/6/19

Date

Alexander Petrucci

Printed Name

PROJECT TEAM FORM

Submittal Date: 6/6/19

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: Kenyon Law Associates, LLP

Name of Primary Contact (if applicant is an organization): John Kenyon, Esq.

Address: 133 Old Tower Hill Road, South Kingstown, RI 02879

Phone: (401) 789-0217 Email: jfk@kenyonlawyers.com

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

Name: DiPrete Engineering

Name of Primary Contact (if applicant is an organization): Eric Prive, PE

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: eprive@diprete-eng.com

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

Name: DiPrete Engineering

Name of Primary Contact (if applicant is an organization): Robert Babcock, PLS

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: rbabcock@diprete-eng.com

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

Name: To Be Determined (None At This Time)

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

Address: _____

Phone: _____ Email: _____

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

Name: _____

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

Address: _____

Phone: _____ Email: _____

OWNER AUTHORIZATION FORM

Submittal Date: 6/6/19

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, Alex Petrucci on behalf of 5A Builders hereby certify that I am an/the owner of property designated as Plat 40-4, Lot 55, 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 9th day of November, 2018.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND
County of Providence

In Cranston on the 9th day of November 2018, before me personally appeared Alexander Petrucci (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]
Denise J Fogg Notary Public

My Commission Expires: 4-09-21