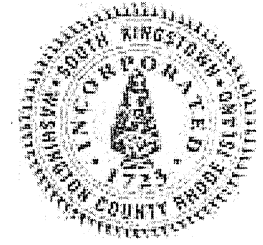


**TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM**

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



APPLICANT INFORMATION

Applicant Name: Westerly Community Credit Union
Name of Primary Contact (if applicant is an organization): Andrew Rogers
Applicant Address: 4979 Tower Hill Road, Wakefield RI 02879
Applicant Phone: 401-486-3091 Applicant Email: arogers@westerlyccu.com

OWNER INFORMATION

Owner Name(s): Westerly Community Credit Union
Owner Contact Information: Andrew Rogers, Chief Operating Officer

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 58-1:99
Physical Address or Location of Parcel(s): 4979 Tower Hill Road, Wakefield RI 02879
Zoning District(s) of Parcel(s): SMD Total Size of Development Parcel: 2.06
Date of Initial Meeting with Planning Department Staff (before first stage of review): March 9, 2021

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 type="checkbox"/> Conceptual Master Plan | <input checked="" 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

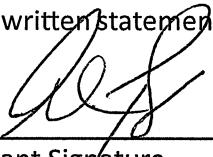
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations? yes* no

**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 \$ 500.00.

(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

July 1, 2021

Date

Andrew C Rogers

Printed Name

PROJECT TEAM FORM

Submittal Date: July 1, 2021

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 attorney is an organization): John F Kenyon

Address: 133 Old Tower Hill Road, Suite 1, Wakefield RI 02879

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

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

Name: Principe Engineering

Name of Primary Contact (if engineer is an organization): Josh Rosen

Address: 27 Sakonnet Ridge Drive, Tiverton RI 02878

Phone: 401-816-5385 Email: josh@principeengineering.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: Principe Engineering

Name of Primary Contact (if landscape architect is an organization): Karen Beck

Address: 27 Sakonnet Ridge Drive, Tiverton RI 02878

Phone: 401-816-5385 Email: karen@principeengineering.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: _____

Role on Project: _____

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

Address: _____

Phone: _____ Email: _____

OWNER AUTHORIZATION FORM

Submittal Date: July 1, 2021

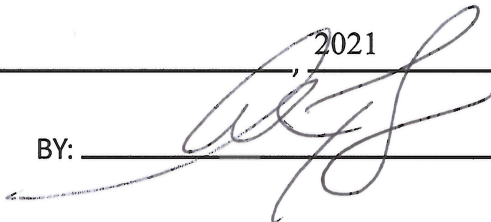
Owner Authorization Forms for each owner of the property being considered for subdivision/development is to be submitted with each stage of review. If no changes to the ownership have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

I, Andrew Rogers, Chief Operating Office hereby certify that I am an/the owner of property designated as Plat 58-1, Lot 99, 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 Andrew Rogers, Chief Operating Office (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 1 day of July, 2021.

BY: 
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In July on the 1 day of 2021, before me personally appeared Andrew C Rogers (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/Corporation (individual, corporation, trustee, partnership, non-profit, etc.).


Notary Public

My Commission Expires: March 22, 2025

LORI A. SMITH
Notary Public, State of Rhode Island
My Commission Expires Mar. 22, 2025
Commission # 755147