

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: ONAROL LLC
Name of Primary Contact (if applicant is an organization): LARRY E. FISH
Applicant Address: 50 HIGH ST WAKEFIELD RI 02879
Applicant Phone: Cell 255-5164 Applicant Email: PIERCLEANERS@PIERCLEANERSRI.COM

OWNER INFORMATION

Owner Name(s): RF HOLDINGS INC. FKA TECHNICAL INDUSTRIES, INC.
Owner Contact Information: ERIC ROSE Cell 742-0482
EMAIL ~~EROSE@RF~~ EROSETI22@GMAIL.COM

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 49-4 LOT 144
Physical Address or Location of Parcel(s): 217 CHURCH ST WAKEFIELD RI 02879
Zoning District(s) of Parcel(s): I 1 Total Size of Development Parcel: 2.94 ACRES
Date of Initial Meeting with Planning Department Staff (before first stage of review): 7/2/21

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 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 checked="" type="checkbox"/> Other |

RECEIVED IN
PLANNING DEPARTMENT

JUL 02 2021

WAIVERS AND MODIFICATIONS

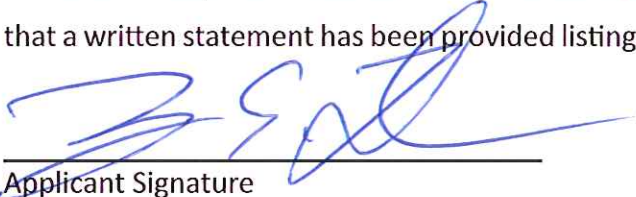
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations? yes* no

**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

7/2/21

Date

LARRY E. FISH

Printed Name

THIS IS A SIMPLE CHANGE OF USE OF AN EXISTING BUILDING (ZONED IND 1) FROM A CHEMICAL MANUFACTURING TO DRY CLEANING + COMMERCIAL LAUNDRY OPERATION IN HALF THE BUILDING AND GENERAL WAREHOUSE IN THE OTHER HALF.

OWNER AUTHORIZATION FORM

Submittal Date: 7/2/21

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, Eric A. Rose hereby certify that I am an/the owner of property designated as Plat 49-4, Lot 144, 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] (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 2 day of July, 2021.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In South Kingstown on the 2nd day of July 2021, before me personally appeared Eric A. Rose (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, trustee, partnership, non-profit, etc.).

[Signature]
Notary Public

My Commission Expires: 1-06-2025



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PLANNING DEPARTMENT

JUL 02 2021

TOWN OF
SOUTH KINGSTOWN, RI

PROJECT TEAM FORM

RECEIVED IN
PLANNING DEPARTMENT

Submittal Date: 7/2/21

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.

TOWN OF
SOUTH KINGSTOWN, RI

ATTORNEY This entity should be copied on all project correspondence YES NO

Name: Vip RINALDI

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

Address: _____

Phone: Cell 595-3659 Email: VRINALDI@LINCOLN-ABSTRACT.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: _____

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: _____

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: LARRY E. FISH

Role on Project: OWNER OF PIER CLEANERS

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

Address: 50 HIGH ST WAKEFIELD RI 02879

Phone: Cell 255-5164 Email: PIERCLEANERS@PIERCLEANERSRI.COM



Town of South Kingstown

180 High Street, Wakefield RI 02879

(401) 789-9331 x 1225

Record# 71244

Plat/Lot: 49-4-144

Zoning Certificate

Property Owner: TECHNICAL INDUSTRIES INC

Property Location: 217 CHURCH STREET
SOUTH KINGSTOWN, RI

The subject parcel is zoned IND-1

Lot Area: 2.94

Lot Frontage: 311.63

Flood Plain: Yes

The subject parcel is improved

Last Legal Record of Use: Chemical Products Manufacturing (Use Code 74)

Existing Use is Permitted: Yes

Proposed Use is Special Use Permit Required

Proposed Use of Lot is Other (please describe)

Lot Conforms to Required lot area and frontage: Yes

Other Description: 41/44/44.1 - Commercial Laundry (not retail) - Dry Cleaning 51.1 General Warehouse

Zoning Variance or Special Use Book: 9 Page: 390

I hereby certify that the proposed use is Special Use Permit Required (Not Approved)

Zoning Ordinance Section Referenced: Section 301 - Schedule of Use Regulations, Section 401 - Schedule of Dimensional Regulations, Section 505 - Performance Standards, Appendix A - Use Code Descriptions

Comments: Use Codes 41, 44, and 51.1 are permitted uses. Use Code 44.1 is permitted by Special Use Permit only. To change the existing use within a building or upon a lot from one Use Code Category to another Use Code Category, the new use will be subject to Development Plan Review in accordance with Section 505.1 (2) (C) 9/21/2005 dimensional variance was granted for the subdivision of lot 144 (now lots 144 and 179)

SUBJECT TO ALL TOWN AND STATE CODES AN OBTAINING A CERTIFICATE OF OCCUPANCY FROM THE BUILDING OFFICIAL PRIOR TO OCCUPANCY. THE ZONING OFFICIAL MAY REQUIRE THAT COPIES OF PLANS AND SPECIFICATIONS OR OTHER INFORMATION BE SUBMITTED. THIS CERTIFICATE DOES NOT SIGNIFY BUILDING CODE REVIEW OR APPROVAL AND IS NOT AN AUTHORIZATION TO UNDERTAKE ANY WORK WITHOUT ISSUANCE OF THE PROPER PERMITS FROM THE APPLICABLE AUTHORITIES.

James Gorman
Zoning Officer

Date Issued: June 7, 2021