

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: Robert Persson

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

Applicant Address: 3683 Tower Hill Rd. Wakefield, RI 02879

Applicant Phone: 401-523-6098 Applicant Email: GI2P02@yahoo.com

OWNER INFORMATION

Owner Name(s): Robert Persson

Owner Contact Information: See above

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: Plat 46, Lot 71

Physical Address or Location of Parcel(s): Ministerial Rd.

Zoning District(s) of Parcel(s): R80 Total Size of Development Parcel: 168,577 S.F. (3.869 Acres)

Date of Initial Meeting with Planning Department Staff (before first stage of review): 3/29/23

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 checked="" type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Reinstatement or Extension to Approved Plan |
| <input checked="" type="checkbox"/> Final Plan | <input type="checkbox"/> Request to Combine Review Stages |
| <input type="checkbox"/> Recording | <input type="checkbox"/> Other |

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MAR 30 2023

TOWN OF
SOUTH KINGSTOWN

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

3/30/23

Date

Robert E. Persson

Printed Name

OWNER AUTHORIZATION FORM

Submittal Date: 3/30/23

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, Robert Persson hereby certify that I am an/the owner of property designated as Plat 46, Lot 71, 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 30th day of March, 2023

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In Wakefield on the 30th day of March, before me personally appeared Robert Persson (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 (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]
Notary Public

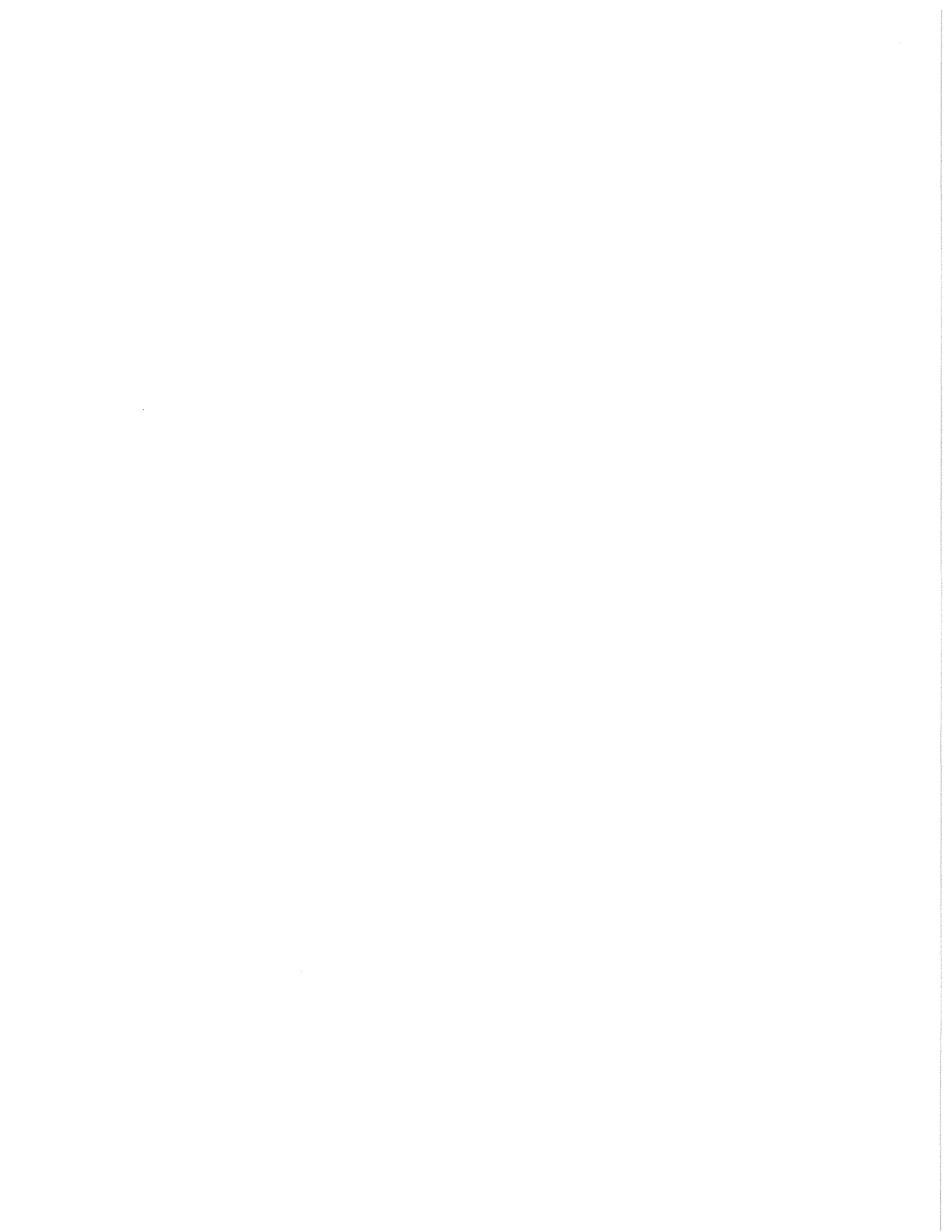
My Commission Expires: 03-19-2025



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PROJECT TEAM FORM

Submittal Date: March 30, 2023

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: _____

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

Address: _____

Phone: _____ Email: _____

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

Name: Robert C. Schultz, Jr

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

Address: 52 Dugway Bridge Rd. West Kingstm, RI 02892

Phone: 401-789-3628 Email: environmentalplanning@aol.com

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

Name: Robert C. Schultz, Jr.

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

Address: Same as above

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: _____

Role on Project: _____

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

Address: _____

Phone: _____ Email: _____

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