

**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: Scot Hallberg

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

Applicant Address: 17 Arnold Street Suite 100, Wakefield, RI, 02879

Applicant Phone: 401-789-3100 Applicant Email: scothallberg@gmail.com

OWNER INFORMATION

Owner Name(s): Southern Rhode Island Professional Center, LLC

Owner Contact Information: PO Box 817 Charlestown, RI 02813

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 57-1 Lot 110

Physical Address or Location of Parcel(s): Holley Street

Zoning District(s) of Parcel(s): CN Total Size of Development Parcel: 1.30 acres

Date of Initial Meeting with Planning Department Staff (before first stage of review): 5-15-20

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 checked="" 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 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 |

RECEIVED IN
PLANNING DEPARTMENT

JUN 12 2020

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: Kenyon Law Associates

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

Address: 133 Old Tower Hill Road

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

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

Name: Principe Engineering, Inc.

Name of Primary Contact (if engineer is an organization): Josh Rosen, P.E.

Address: 27 Sakonnet Ridge Drive Tiverton, RI 02878

Phone: 401-219-0161 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: _____

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: _____

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, Eugene McKee hereby certify that I am an/the owner of property designated as Plat 57-1, Lot 110, 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 Scot V. Hailberg (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 June, 2020.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In South Kingstown on the 9th day of June 2020, before me personally appeared Eugene McKee (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: 02-01-2022