

**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: Hope Springs LLC
Name of Primary Contact (if applicant is an organization): Trip Kyle, Leigh Kyle
Applicant Address: 4361 Mt. Herbert Avenue, San Diego CA 92117
Applicant Phone: 9144907533 Applicant Email: tripkyle@rocketmail.com

OWNER INFORMATION

Owner Name(s): Hope Springs LLC
Owner Contact Information: 4361 Mt. Herbert Avenue, San Diego CA 92117

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 62/12
Physical Address or Location of Parcel(s): 532 Tuckertown Road
Zoning District(s) of Parcel(s): R-200 Total Size of Development Parcel: 41.96 ac
Date of Initial Meeting with Planning Department Staff (before first stage of review): _____

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 checked="" 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 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 |

PROJECT TEAM FORM

Submittal Date: 7/11/22

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: James V. Aukerman

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

Address: 336 Main Street, Wakefield, RI 02879

Phone: 401-742-0979 Email: jaukerman@orsonandbrusini.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: Jeff Balch

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

Address: 33 North Rd, Ste. C-201, Peace Dale, RI 02879-2164

Phone: 401-783-5949 Email: jbalch@frisella.com

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: Hope Springs LLC

Role on Project: Owner

Name of Primary Contact (if entity is an organization): Trip Kyle; Leigh Kyle

Address: 4361 Mt. Herbert Avenue, San Diego, CA 92117

Phone: 9144907533 Email: tripkyle@rocketmail.com