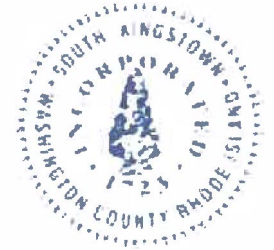


**TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM**



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

APPLICANT INFORMATION

Applicant Name: Wendy Hosley
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 69 Kickapoo Run, Charlestown, RI 02813
Applicant Phone: 401-932-0176 Applicant Email: whosley69@gmail.com

OWNER INFORMATION

Owner Name(s): Wendy Hosley
Owner Contact Information: same as above

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: Plat 54 Lot 57
Physical Address or Location of Parcel(s): 1696 Ministerial Road
Zoning District(s) of Parcel(s): R-80 Total Size of Development Parcel: 4.59 Acres
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 |
| 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 checked="" 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 checked="" 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 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 \$ ^{240.00} _____ .

(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.

Wendy Hosley
Applicant Signature

1/27/23
Date

Wendy Hosley
Printed Name

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.

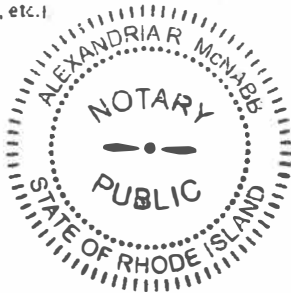
I, Wendy Hosley hereby certify that I am an/the owner of property designated as Plat 54 Lot 57, as shown on the Town of South Kingstown Tax Assessor Maps. I further certify that I am the owner of the development rights for this property.

I hereby authorize and am in agreement with the application, signed by Wendy Hosley (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 27th day of January BY: Wendy Hosley
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In Charlestown on the 27th day of January, before me personally appeared Wendy Hosley [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.)



Alexandria McNabb
Notary Public
My Commission Expires 7/15/26
7/2/23

