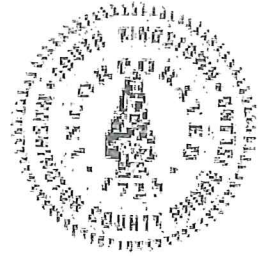


TOWN OF SOUTH KINGSTOWN  
PLANNING BOARD  
PROJECT REVIEW APPLICATION FORM

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



APPLICANT INFORMATION

Applicant Name: GROSSI ESTATES LLC  
Name of Primary Contact (if applicant is an organization): DOMENIC GROSSI  
Applicant Address: 50 MONTICELLI DR. W. KINGSTON, R.I.  
Applicant Phone: 401-339-9569 Applicant Email: degrossi@yahoo.com

OWNER INFORMATION

Owner Name(s): GROSSI ESTATES LLC  
Owner Contact Information: 401-339-9569

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 13-1, 8-4  
Physical Address or Location of Parcel(s): MONTICELLI DR.  
Zoning District(s) of Parcel(s): \_\_\_\_\_ Total Size of Development Parcel: 4 LOTS (2 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                        |
| <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 checked="" 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 type="checkbox"/> Conceptual Master Plan         | <input type="checkbox"/> Change to an Approved Plan                             |
| <input type="checkbox"/> Preliminary Plan               | <input checked="" 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

MAR 21 2023

**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 \$ 100.

(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.

*Domenic Gross*  
Applicant Signature

3-21-23  
Date

DOMENIC GROSS  
Printed Name

**TOWN CLERK'S OFFICE  
SOUTH KINGSTOWN, RI**

*Extension of Approval*  
DATE RECEIVED 3/23/2023  
FEE PAID \$ 100.00

**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, \_\_\_\_\_ hereby certify that I am an/the owner of property designated as Plat \_\_\_\_\_, Lot \_\_\_\_\_, 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 \_\_\_\_\_ (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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

BY: \_\_\_\_\_

Signature of Owner

STATE OF RHODE ISLAND

County of \_\_\_\_\_

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (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.).

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

# PROJECT TEAM FORM

Submit 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Role on Project: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_