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# Matunck Beach Rd. Condominium

08.03.2020

Stephen DeSimone

Very Good Building and Development Overview

1. Owner Authorization Form (1)
2. Letter of Eligibility from RI Housing (16)
3. Project Review Application (16)
4. Application for comprehensive permit (16)

RECEIVED IN  
PLANNING DEPARTMENT

8/3/2020

TOWN OF  
SOUTH KINGSTOWN, RI

**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, Eileen Biancuzzo hereby certify that I am an/the owner of property designated as Plat 92-2, Lot 56, 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 Stephen DeSimone (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 1<sup>st</sup> day of July, 2020.

BY: Eileen R. Biancuzzo  
Signature of Owner

STATE OF RHODE ISLAND  
County of Washington

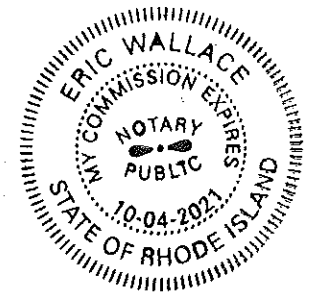
In person on the 1<sup>st</sup> day of July, before me personally appeared Eileen Biancuzzo (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed, to be his/her free act and deed, as individual (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]  
Notary Public

My Commission Expires: 10/4/21

RECEIVED IN  
PLANNING DEPARTMENT

TOWN OF  
SOUTH KINGSTOWN, RI



**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: Stephen DeSimone

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

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

Applicant Phone: (401) 419-2330 Applicant Email: \_\_\_\_\_

**OWNER INFORMATION**

Owner Name(s): Eileen R Biancuzzo

Owner Contact Information: \_\_\_\_\_

**PROJECT INFORMATION**

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 92-2 Lot 56

Physical Address or Location of Parcel(s): Matunuck Beach Road

Zoning District(s) of Parcel(s): R-20 & CN Total Size of Development Parcel: 4.9 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 type="checkbox"/> Flexible Design Residential Project (FDRP) |
| <input type="checkbox"/> Major Subdivision                                       | <input type="checkbox"/> Residential Compound                       |
|                                                                                  | <input checked="" 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 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**

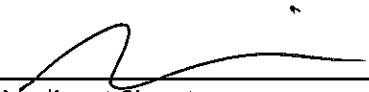
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations?  yes\*  no

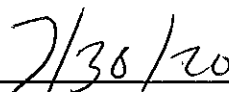
*\*If yes, a statement describing the specific regulation(s) for which waiver or modification is requested must be included in the application materials.*

**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 \$\_\_\_\_\_.

(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

  
\_\_\_\_\_  
Date

Stephen DeSimone  
Printed Name

We request a density waiver of the R20 zone and additional relief from zoning regulations 301 - 1.0 residential land use - 12 multi household detached structures up to 12 units LDP. Relief sought from both CN and R20 zoning, Include relief from requirement of public sewer. Specifically in R20 zone relief requested from public sewer and number of permitted units per lot.



July 21, 2020

Mr. Stephen R. DeSimone  
Very Good Building and Development LLC  
PO Box 402  
Narragansett, RI 02882

***Letter of Eligibility: Matunuck Beach Road Condominiums, Plat 92-2, Lot 56***

Dear Mr. DeSimone:

We have received your application for a letter of eligibility to pursue a Comprehensive Permit in the town of South Kingstown. You have represented that you propose a twelve-unit condominium development that would include nine market rate units and three affordable units. The affordable units will be sold to households earning a maximum of 100% of the Area Median Income ("AMI"). All units would have two bedrooms.

Based on the current AMI, the Freddie Mac Primary Mortgage Market Survey 30-year fixed-rate mortgage average interest rate as of the date of this letter, anticipated taxes, insurance and mortgage insurance costs, the maximum sales price in South Kingstown for an affordable condominium unit with a condo fee of \$200, priced for households earning 100% of the AMI, is \$282,375. The maximum permitted sales price may change in the future due to changes in any of the above noted inputs.

In addition to requirements for affordability and monitoring, under R.I.G.L. 45-53, the construction or rehabilitation of qualifying low and moderate income housing units must be assisted by a state, federal or municipal subsidy program.

After preliminary review of the plans and financial assumptions for the proposed sale of nine market rate units and three affordable units to households earning 100% of the AMI, all to be located at Plat 92-2, Lot 56, in South Kingstown, RIHousing has determined that:

- This project appears to be eligible for a municipal subsidy under Article 5, Section 502.6 of the Town of South Kingstown Zoning Ordinance.
- In conformance with R.I.G.L. 42-55-5.3 RIHousing performed an on-site inspection of the site, and has reviewed pertinent information supplied by the applicant.
- The initial project proforma was reviewed and the project appears to be feasible based on projected overall development costs and potential sources.
- The applicant, Very Good Building and Development LLC, has provided evidence of site control.

Matunuck Beach Cottages  
July 21, 2020

Based upon the review of the submitted information and supporting materials and based on the representations in your request, ***Very Good Building and Development LLC is eligible to pursue a Comprehensive Permit application in the town of South Kingstown to develop Plat 92-2, Lot 56.***

Modifications to the development proposal resulting from local review do not require a revised letter of eligibility.

Thank you for your commitment to providing affordable housing opportunities to low- and moderate-income Rhode Island families.

Sincerely,



Eric Shorter  
Director of Development

cc: Jason Parker, South Kingstown Planning Department

**Invest. Build. Believe.** 

**TOWN OF SOUTH KINGSTOWN  
PLANNING BOARD  
TOWN HALL**

**Application for Comprehensive Permit  
Pursuant to the Zoning Ordinance, Subdivision Regulations (copies attached)  
and Title 45, Chapter 53 of the R. I. Gen. Laws;  
the R.I. Low & Moderate Income Housing Act**

To the Planning Board  
c/o South Kingstown Town Hall  
180 High Street, South Kingstown, RI 02879

DATE:

Ladies and Gentlemen:

The undersigned hereby applies to the Planning Board for a comprehensive permit for development under the Low & Moderate Income Housing Act at the following described premises, in the manner and on the grounds hereinafter set forth.

**NAMES AND ADDRESSES**

*(Type or Print)*

Applicant: Stephen DeSimone Address: 14 Green Acres Drive  
City/Town: Narragansett State: RI Zip: 02882  
If a corporation: \_\_\_\_\_ business or \_\_\_\_\_ non-profit; *(applicant must provide proof of incorporation and non-profit status)*

Owner: Eileen R. Biancuzzo Address: 12 Lister Dr.  
City/Town: Barrington State: RI Zip: 02806  
How long have you owned the premises? \_\_\_\_\_ years \_\_\_\_\_ months.

Lessee: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FILING INSTRUCTIONS**

- A. The original application and ten (10) copies, either typed or legibly printed, together with all supporting documents must be filed with the Administrative Officer in accordance with Section 509 of the Zoning Ordinance.
- B. A filing fee, as determined by the Administrative Officer, shall accompany an application to the Planning Board to cover the costs of processing (check made payable to the Town of South Kingstown). Said fee shall equal the cumulative fees which would be associated with approval of the project if it did not qualify for review under Section 509, as set forth in the Town's fee schedule.
- C. All required checklist items (Page 5-6) must accompany the application before the application can be certified as complete by the Administrative Officer.
- D. Four (4) copies of a separate plan and listing indicating all property owners within 200 feet of the subject property and/or all those property owners and entities which require notice under Section 45-24-53 R.I.G.L., also depicting any zoning district boundary.





7. Describe extent of proposed development. *(use additional page if necessary)*

8. Total number of dwelling units for which building(s) is/are to be arranged 12

9. Total number of dwelling units which will be restricted to low and moderate income housing 3

**RELIEF SOUGHT**

10. Title of site development plan submitted pursuant to the Zoning Ordinance.  
Matunuck Beach Road Condominiums

11. State from which particular provisions of the Zoning Ordinance and/or Subdivision Regulations relief is sought for this project. Include all exceptions, variances and waivers. *(use additional page if necessary)*  
YOUR APPLICATION WILL NOT BE COMPLETE UNTIL THIS LIST IS VERIFIED BY THE TOWN STAFF. Density relief is being requested.

(a) If relief of a density requirement is sought, state allowed and proposed density.

Allowed Density: with out variances 6 residential units and 1 Resturant Proposed density: 12 residential units

(b) If dimensional relief is sought, state number of feet from yard line you are requesting (where applicable) otherwise explain relief sought.

Front yard <sup>0</sup> 0 ft. Corner side yard 0 ft.  
Side yard #1 0 ft. Side yard #2 0 ft.  
Rear yard 0 ft. Frontage 0 ft.

Height 0 ft. Other ft

*(explain)*

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(c) Other relief sought: *(use additional page if necessary)*

Additional relief from Zoning Regulations 301 - 1.0 Residential land use - 12 Multi-Household Detached Structure, up to 12 units, LDP.  
Relief sought from both CN and R20 zoning. In CN zone relief is requested from requirement of public sewer. In R20 zone relief is requested from requirement of public sewer and number of permitted units per lot.

The undersigned declares that the information given herein is a true statement to the best of his or her knowledge and belief.

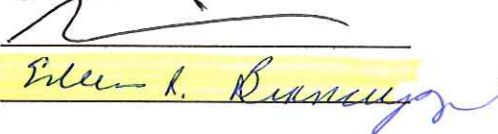
Respectfully submitted,

Signatures

Applicant Tel.# 401-419-2330

Land Owner Tel.# 401-258-6740

(if different from Applicant, signature must be provided)

  
\_\_\_\_\_

Attorney / other Tel. # (401) 490-7334

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

**CERTIFICATION**

This application has been classified as Comprehensive Permit / Major LDP and submission requirements shall be completed in accordance with said classification based upon the attached checklist. \_\_\_\_\_ (initial of AO)

This application was certified as complete on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

A public hearing before the Planning Board has been scheduled for \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_. In accordance with State and local law a decision of the Planning Board shall be rendered on or before the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, or within such further time as is agreed to by the applicant and local review board.

Administrative Officer

**AMENDMENT OF APPLICATION**

An amendment to this application was submitted on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ this application, as amended, was again certified as complete.

Administrative Officer