

**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: Carol Corrao
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 415 Middlebridge Road, South Kingstown, Rhode Island 02879
Applicant Phone: (401) 486-8030 Applicant Email: corrao.omni@verizon.net

OWNER INFORMATION

Owner Name(s): William M. & Carol A. Corrao
Owner Contact Information: 415 Middlebridge Road, South Kingstown, Rhode Island 02879

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 43-1 Lot 7
Physical Address or Location of Parcel(s): 415 Middlebridge Road, South Kingstown, Rhode Island 02879
Zoning District(s) of Parcel(s): R20 Total Size of Development Parcel: 3.13 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 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 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.

Carol Corrao
Applicant Signature

8/4/2021
Date

Carol Corrao
Printed Name

OWNER AUTHORIZATION FORM

Submittal Date: 8.26.21

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, Carol Corrao hereby certify that I am an/the owner of property designated as Plat 43-1, Lot 7, 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 Carol Corrao (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 29 day of August, 2021

BY: Carol Corrao
Signature of Owner

STATE OF RHODE ISLAND
County of Providence

In Cranston on the 24 day of August, before me personally appeared Carol Corrao (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 an individual (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]
Notary Public

My Commission Expires: _____

THOMAS H. DIPRETE
Notary Public, State of Rhode Island
My Commission Expires Apr. 27, 2023

PROJECT TEAM FORM

Submittal Date: 8/27/2021

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: DiPrete Engineering

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

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: eprive@diprete-eng.com

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

Name: DiPrete Engineering

Name of Primary Contact (if surveyor is an organization): Michael Gavitt, P.L.S.

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000 Email: mgavitt@diprete-eng.com

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

Name: John C. Carter & Company

Name of Primary Contact (if landscape architect is an organization): John C. Carter, R.L.A.

Address: 960 Boston Neck Road, Narragansett, RI 02882

Phone: (401) 783-3500 Email: jcc@johncartercompany.com

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: _____