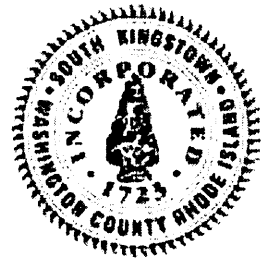


**TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM**

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



APPLICANT INFORMATION

Applicant Name: JThomas Investments
Name of Primary Contact (if applicant is an organization): John D'Agostino
Applicant Address: 697 Moonstone Beach Road, South Kingstown, RI 02879
Applicant Phone: 401-741-3569 Applicant Email: john@jthomasconstructionri.com

OWNER INFORMATION

Owner Name(s): JThomas Investments
Owner Contact Information: John D'Agostino

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 57-1, Lot 121
Physical Address or Location of Parcel(s): Magnolia Lane
Zoning District(s) of Parcel(s): R-10 Total Size of Development Parcel: 1.29 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 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 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

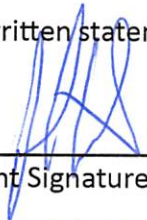
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations? yes* no

**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 \$ 280.00.

(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.



Applicant Signature

8/25/21

Date

John D. Agostino

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, John D'Agostino hereby certify that I am an/the owner of property designated as Plat 57-1, Lot 121, 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 John D'Agostino (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 28 day of August

BY: [Signature] 8/28/21
Signature of Owner

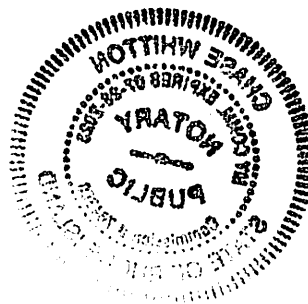
STATE OF RHODE ISLAND
County of Washington

In Narragansett on the 26th day of Aug., before me personally appeared John D'Agostino (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.).

Chase Whitton
Notary Public



My Commission Expires: 7/26/23



PROJECT TEAM FORM

Submittal Date: 4/6/2021

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: Blish & Cavanagh, LLP

Name of Primary Contact (if attorney is an organization): William R. Landry, esq.

Address: 30 Exchange Terrace, Providence, RI 02903

Phone: 401-751-7542 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): David Russo, PE

Address: 2 Stafford Court, Cranston, RI 02920

Phone: 401-943-1000 Email: drusso@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): David Russo, PE

Address: 2 Stafford Court, Cranston, RI 02920

Phone: 401-943-1000 Email: drusso@diprete-eng.com

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

Name: Alex Avery

Name of Primary Contact (if landscape architect is an organization): DiPrete Engineering

Address: 2 Stafford Court, Cranston, RI 02920

Phone: 401-943-1000 Email: AAvery@DiPrete-eng.com

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

Name: TBD

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: _____