

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 Sullivan Inc.
Name of Primary Contact (if applicant is an organization): Holden Stern
Applicant Address: 477 High Street, Wakefield, RI 02879
Applicant Phone: 401-789-1158 Applicant Email: Holden@stephensullivaninc.com

OWNER INFORMATION

Owner Name(s): NARR VENTURE PARTNERS LLC
Owner Contact Information: Steve Long 617-894-3582

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 48-3:146
Physical Address or Location of Parcel(s): 471 High Street, Wakefield, RI 02879
Zoning District(s) of Parcel(s): CD - Retail Trade Total Size of Development Parcel: N/A (Condo)
Date of Initial Meeting with Planning Department Staff (before first stage of review): 9/15/21

TYPE OF PROJECT (select all that apply)

- | | |
|--|---|
| <input checked="" 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 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 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 checked="" 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.

Holden Stern

Applicant Signature

Date

Holden Stern

Printed Name

This application is a request to change the use of an existing building from use code 55 - Retail trade, up to 10,000 sq ft), to use code 41 - Office, personal, and Limited Storage.

PROJECT TEAM FORM

Submittal 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: Stephen Sullivan

Name of Primary Contact (if architect is an organization): _____

Address: 477 High Street, Wakefield, RI 02879

Phone: 401-789-1158 Email: ss@stephensullivaninc.com

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

Name: Holden Stern

Role on Project: Project Manager

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

Address: 477 High Street, Wakefield, RI 02879

Phone: 401-789-1158 Email: holden@stephensullivaninc.com

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.

STEPHEN W. LANG, DIRECTOR
NARRAGANSETT VENTURE PARTNERS

I, NARRAGANSETT VENTURE PARTNERS hereby certify that I am ~~an~~ the owner of property designated as Plat 48-3, Lot 146-2, 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 W. LANG (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 7th day of OCTOBER, 2021

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of WASHINGTON

In WATERBURY on the 7th day of OCTOBER, before me personally appeared STEPHEN W LANG (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 DIRECTOR (individual, corporation, trustee, partnership, non-profit, etc.).
NARRAGANSETT VENTURE PARTNERS

[Signature]
Notary Public

BRIAN ABBATICOLA
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES DEC. 20, 2021

My Commission Expires: 12-2021