



**TOWN OF SOUTH KINGSTOWN**  
**ZONING BOARD OF REVIEW APPLICATION**

**1. APPLICANT INFORMATION:**

Applicant Name: Plant Based Compassionate Care Inc. Name of Primary Contact if Organization: Benjamin Herbst  
Applicant Address: 151 Cascade Rd, Stamford, CT  
Applicant Phone: 203 667 6696 Applicant Email: bherbst@jbeindustries.com

**2. OWNER INFORMATION:**

Owner Name: Brian McLaughlin Owner Phone: \_\_\_\_\_  
Owner Address: 323 Manley St, West Bridgewater, MA, 02379

**3. PROJECT INFORMATION:**

Physical Address: 91 Pershing Ave Assessor's Plat: 57-2 Assessors' Lot: 20 Zoning District: CH  
Required Zoning Setbacks: Front yard 40 Rear Yard 40 Side Yard Right 30 Side Yard Left 30 Corner Side Yard 40

**4. APPLICATION FOR:**

Special Use Permit  Dimensional Variance \_\_\_\_\_ Use Variance \_\_\_\_\_ Dimensional Modification by Zoning Officer \_\_\_\_\_

**5. LOT SPECIFICATIONS:**

Lot Frontage: 467/294 ft. Lot Depth: 226/180 ft. Lot Area: 46565 ft.

**6. USE OF PREMISES:**

Present Use: VCO # of families: 0 Proposed Use: Dis # of families: \_\_\_\_\_

**7. EXISTING STRUCTURES:**

Number of Existing Buildings or Structures Present: 2

Size of Existing Structures: 722 sf; 171 sf; 222 sf; \_\_\_\_\_ sf

Distance from Property Lines of Existing Structures:

	Structure 1	Structure 2	Structure 3	Structure 4
Front Yard:	<u>63</u> ft.;	<u>117</u> ft.;	_____ ft.;	_____ ft.
Rear Yard:	<u>102</u> ft.;	<u>10.5</u> ft.;	_____ ft.;	_____ ft.
Side Yard Right:	<u>10.8</u> ft.;	<u>147</u> ft.;	_____ ft.;	_____ ft.
Side Yard Left:	<u>49</u> ft.;	<u>32.7</u> ft.;	_____ ft.;	_____ ft.
Corner Side Yard:	_____ ft.;	_____ ft.;	_____ ft.;	_____ ft.

**8. WATER AND SOLID WASTE**

Water: Town Water  Well \_\_\_\_\_ Other \_\_\_\_\_  
Waste: Town Sewer  Septic \_\_\_\_\_ Other \_\_\_\_\_

9. SIZE OF PROPOSED BUILDINGS/ADDITIONS:

Total Square Feet: n/a sf. Width: n/a sf. Length: n/a sf.  
Height Above Grade: n/a ft. Number of Stories: n/a

10. IF DIMENSIONAL RELIEF IS SOUGHT INDICATE THE DISTANCE REQUESTED:

Front Yard: n/a Rear: n/a Side Yard Right: n/a  
Side Yard Left: n/a Corner Side Yard: n/a Height: n/a

11. PROVISION OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT:

Section and Use (if known): See Narrative attached hereto as "Exhibit A"

12. DESCRIBE THE EXTENT OF PROPOSED ALTERATIONS, STATE REASONS WHY YOU ARE REQUESTING RELIEF:

See Narrative attached hereto as "Exhibit A"

ZONING BOARD OF REVIEW RULES OF PROCEDURE ITEM K: "Reports from expert witnesses should be submitted with the application or ten (10) days prior to the hearing to give the Zoning Board sufficient review time. If a report is submitted at the time of the hearing, the Chairman may rule on whether the Zoning Board will continue to another meeting to give the Zoning Board time to review the reports."

Preparation of this Application and all necessary documentation is the sole responsibility of the Applicant. Town Staff's help in preparations of any facet of this applications, including abutter's list is for assistance only. The staff cannot give the applicant advice on the merits of the application nor can they render legal opinions.

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

Applicant Signature(s) Plant Based Compassionate Care Inc. [Signature]

Applicant(s) Printed Name PBCC Inc by Benjamin Herbst Date: 11/12/20

Attorney / Other (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Received By: \_\_\_\_\_ Payment Amt. \_\_\_\_\_ Check # \_\_\_\_\_ Legal Notice Mailed: \_\_\_\_\_ Cert. Receipts Received: \_\_\_\_\_

**OWNER/AUTHORIZED AGENT AUTHORIZATION FORM**

Submittal Date: \_\_\_\_\_

The Owner/Authorized Agent Authorization Form must be completed in full and returned to the Office of the Building and Zoning Official for the Town of South Kingstown along with the Zoning Board of Review Application. Failure to submit this form will delay your application being processed.

I, Brian McLaughlin hereby certify that I am the owner / authorized agent of the property designated as Plat 57-2, Lot 20, as shown on the Town of South Kingstown Tax Assessor Maps. I further certify that I am the owner / authorized agent of the developmental rights for this property.

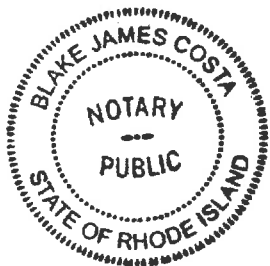
I hereby authorize and am in agreement with the application signed by Plant Based Compassionate Care Inc (applicant), for the requested relief or use of the subject property. Said application is to be submitted to the Office of the Building and Zoning Official of the Town of South Kingstown for review and decision by the Zoning Board of Review.

Witness its name this 7<sup>th</sup> day of NOVEMBER 2020.

By: [Signature]  
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND  
County of WASHINGTON

In SOUTH KINGSTOWN on the 7<sup>th</sup> day of NOVEMBER, 2020, before me personally appeared BRIAN MCLAUGHLIN (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.)



Notary Public: [Signature]  
My Commission Expires: 10-27-2021

Notary Seal:

**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: Plant Based Compassionate Care Inc.  
Name of Primary Contact (if applicant is an organization): Benjamin Herbst  
Applicant Address: 151 Cascade Rd, Stamford CT  
Applicant Phone: 2036676696 Applicant Email: bherbst@jbeindustries.com

**OWNER INFORMATION**

Owner Name(s): Brian McLaughlin  
Owner Contact Information: 323 Manley St, West Bridgewater, MA, 02379

**PROJECT INFORMATION**

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 57-2-20  
Physical Address or Location of Parcel(s): 91 Pershing Ave  
Zoning District(s) of Parcel(s): CH Total Size of Development Parcel: 2,226  
Date of Initial Meeting with Planning Department Staff (before first stage of review): \_\_\_\_\_

**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 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.

Benjamin Herbst  
Applicant Signature

11/6/20  
Date

Benjamin Herbst  
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, Brian McLaughlin hereby certify that I am an/the owner of property designated as Plat 57-2, Lot 20, 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 Plant Based Compassionate Care Inc (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 7<sup>TH</sup> day of NOVEMBER, 2020.

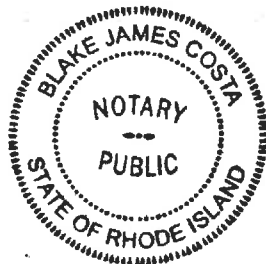
BY: [Signature]  
Signature of Owner

STATE OF RHODE ISLAND

County of ~~KINGSTOWN~~ WASHINGTON

In SOUTH KINGSTOWN ~~2020~~ <sup>2020</sup> on the 7<sup>TH</sup> day of NOVEMBER, before me personally appeared BRIAN MCLAUGHLIN (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: 10-27-2021