



SOUTH COUNTY POST & BEAM, INC.

521 LIBERTY LANE
WEST KINGSTON, RI 02892



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RHODE ISLAND, 02891

57-85/115

03341

1/26/2022

PAY TO THE ORDER OF Town of South Kingstown

\$ **200.00

Two Hundred and 00/100***** DOLLARS

Town of South Kingstown
180 High Street
Wakefield, RI 02880

VOID AFTER 90 DAYS

MEMO *551 Liberty Lane / Project Review*



AUTHORIZED SIGNATURE



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SOUTH COUNTY POST & BEAM, INC.
WEST KINGSTON, RI 02892

Town of South Kingstown
18000 · Property, Plant, & Equipment:185 Project review application fee

551 Liberty Lane

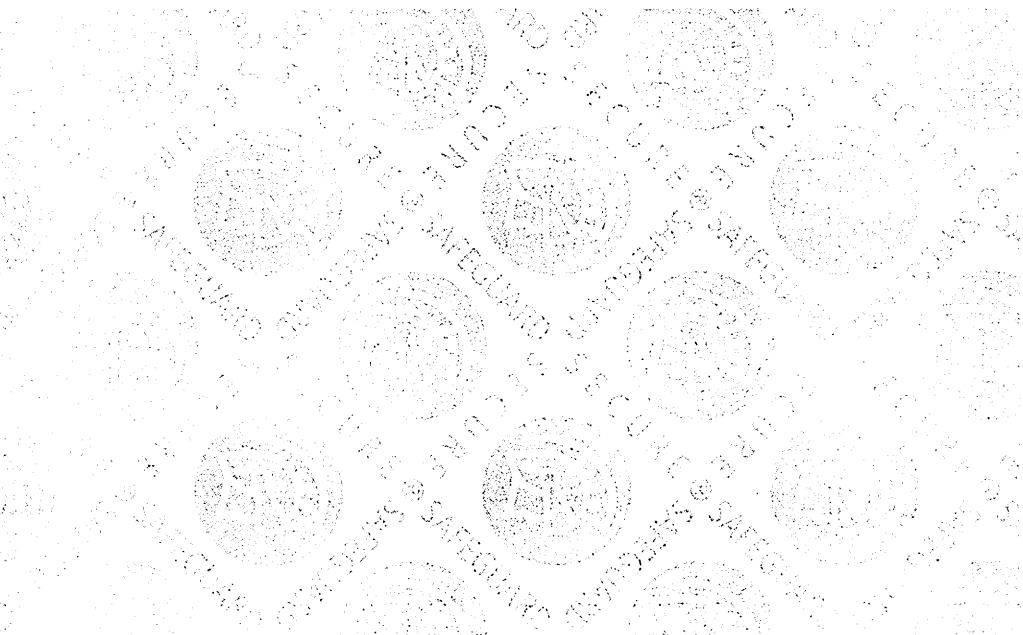
1/26/2022

03341

200.00

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MOBILE OR REMOTE DEPOSIT DATE _____

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RS-60

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**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: South County Post & Beam
Name of Primary Contact (if applicant is an organization): Ken Bouvier
Applicant Address: 521 Liberty Lane West Kingston, RI 02892
Applicant Phone: _____ Applicant Email: ken@scpb.com

OWNER INFORMATION

Owner Name(s): South County Post & Beam
Owner Contact Information: Same as applicant information above

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: Plat 21-3, Lot 21
Physical Address or Location of Parcel(s): 551 Liberty Lane
Zoning District(s) of Parcel(s): IND-1 Total Size of Development Parcel: 6.31 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 checked="" 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 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 \$ 200.00.

(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.

KS B.
Applicant Signature

1-26-22
Date

Kenneth S. Bouvier
Printed Name

PROJECT TEAM FORM

Submittal Date: 01/25/2022

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): David Russo, P.E.

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): Robert Babcock, PLS

Address: 2 Stafford Court Cranston, RI 02920

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

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

Name: DiPrete Engineering

Name of Primary Contact (if landscape architect is an organization): Alex Avery, PLA

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: TBD

Role on Project: _____

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

Address: _____

Phone: _____ Email: _____