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 Hospital Healthcare System

Name of Primary Contact (if applicant is an organization): Andrew Prescott

Applicant Address: 100 Kenyon Ave., Wakefield RI 02879

Applicant Phone: 401.788.8698

Applicant Email: aprescott@southcountyhealth.org

OWNER INFORMATION

Owner Name(s): South County Hospital Healthcare System

Owner Contact Information: Andrew Prescott, General Counsel (see above)

PROJECT INFORMATION

Assessor’s Plat and Lot of Parcel(s) Proposed for Subdivision/Development:

Physical Address or Location of Parcel(s):

Zoning District(s) of Parcel(s): Total Size of Development Parcel:

Date of Initial Meeting with Planning Department Staff (before first stage of review):

TYPE OF PROJECT (select all that apply)

☐ Development Plan Review
☐ Administrative Subdivision
☐ Minor Subdivision, without street creation or extension
☐ Minor Subdivision, with street creation or extension
☐ Major Subdivision
☐ Minor Land Development Project
☐ Major Land Development Project
☐ Multi-Household Land Development Project
☐ Flexible Design Residential Project (FDRP)
☐ Residential Compound
☐ Comprehensive Permit

CURRENT STAGE OF REVIEW (if applicable)

☐ Pre-Application Concept Review
☐ Conceptual Master Plan
☐ Preliminary Plan
☒ Final Plan
☐ Recording
☐ Release of Performance/Maintenance Guarantee
☐ Change to an Approved Plan
☐ Reinstatement or Extension to Approved Plan
☐ Request to Combine Review Stages
☐ 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.

[Signature]
Applicant Signature

[Date]
July 27, 2022

[Name]
Printed Name

RECEIVED IN
PLANNING DEPARTMENT

JUL 27 2022

TOWN OF
SOUTH KINGSTOWN, RI
OWNER AUTHORIZATION FORM

Submittal Date: July 27, 2022

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, Thomas Breen, CFO, hereby certify that I am an owner of property designated as Plat 64-1, Lot 122, 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 Andrew B. Prescott (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 27th day of July, 2022.

BY: ________________  
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In Wakefield, Rhode Island on the 27th day of July, 2022, before me personally appeared Thomas Breen (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 CFO of South County Health (individual, corporation, trustee, partnership, non-profit, etc.).

______________________________
Andrew B. Prescott
Notary Public  
My Commission Expires: April 13, 2025

RECEIVED IN PLANNING DEPARTMENT  
JUL 28 2022  
TOWN OF SOUTH KINGSTOWN, RI

TOWN OF SOUTH KINGSTOWN PLANNING BOARD
OWNER AUTHORIZATION FORM

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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 Andrew B. Prescott (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 27th day of July, 2022.

BY: ____________________________
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In Wakefield, Rhode Island on the 27th day of July, 2022, before me personally appeared Anitra Galmore (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 Chief Operating Officer of South (individual, corporation, trustee, partnership, non-profit, etc.).

ANDREW B. PRESCOTT
Notary Public, State of Rhode Island
Commission # 766821

My Commission Expires: April 13, 2025

RECEIVED IN PLANNING DEPARTMENT
JUL 27 2022
TOWN OF SOUTH KINGSTOWN, RI

TOWN OF SOUTH KINGSTOWN PLANNING BOARD
PROJECT TEAM FORM

Submittal Date: July 27, 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: Revens Revens St. Pierre and Willley PC
Name of Primary Contact (if attorney is an organization): John C. Revens
Address: 946 Centerville Road, Warwick RI 02886-4373
Phone: 401.822.2900 Email: johnr@rrswlaw.com

ENGINEER
This entity should be copied on all project correspondence □ YES □ NO
Name: VHB
Name of Primary Contact (if engineer is an organization): Scott Lindgren
Address: 1 Cedar Street, Suite 400, Providence RI 02903
Phone: 401.457.7812 Email: slindgren@vhb.com

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: NEMD
Name of Primary Contact (if architect is an organization): Sean Greene
Address: 1 Virginia Ave., Suite 202, Providence RI 02905
Phone: 401.435.3532 Email: seang@nemd.com

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: 

TOWN OF SOUTH KINGSTOWN PLANNING BOARD