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: 5A Builders, LLC
Name of Primary Contact (if applicant is an organization): Alexander J. Petrucci
Applicant Address: 220 Knowles Way Extension, Narragansett, Rhode Island 02882
Applicant Phone: 401-523-1805 Applicant Email: ajp1805@aol.com

OWNER INFORMATION

Owner Name(s): Same as applicant
Owner Contact Information:

PROJECT INFORMATION

Assessor’s Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 40-4 / 55
Physical Address or Location of Parcel(s): Curtis Corner Road
Zoning District(s) of Parcel(s): R-20 Total Size of Development Parcel: 28.06 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): 09/11/2018

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 modification of final approval

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SEP 3 0 2022

TOWN OF SOUTH KINGSTOWN, RI
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.

SA Builders LLC

 Applicant Signature

Alexander Petrucci

Printed Name

Date 80 2022

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OWNER AUTHORIZATION FORM

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, __5A Builders, LLC____________________ hereby certify that I am an/the owner of property designated as Plat __40-4________________________, Lo: __55________________________, 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 __5A Builders, LLC____________________ (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 __30th__ day of __SEP________________, __2022__. 

BY: __5A Builders, LLC____________________ Signature of Owner

by: Alexander J. Petrucci, Member

STATE OF RHODE ISLAND

County of __Kent__________________________

In __Warwick__________________________ on the __30__ day of __SEP________________, before me personally appeared __Alexander J. Petrucci, Member of 5A Builders, LLC__________________________ (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 __Member__________________________ (individual, corporation, trustee, partnership, non-profit, etc.).

______________________________
Notary Public

My Commission Expires: ____________________________

SANFORD J. RESNICK, Notary Public

STATE OF RHODE ISLAND

TOWN OF SOUTH KINGSTOWN PLANNING BOARD
PROJECT TEAM FORM

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: Resnick and Caffrey, PC
Name of Primary Contact (if attorney is an organization): Sanford J. Resnick, Esq.
Address: 300 Centerville Road, Summit West, Suite 300, Warwick, RI 02886
Phone: 401-738-4500  Email: sresnick@resnickandcaffrey.com

ENGINEER  This entity should be copied on all project correspondence  □ YES  □ NO
Name: DiPrete Engineering, Inc.
Name of Primary Contact (if engineer is an organization): Eric Priev
Address: SEE BELOW
Phone: 401-943-1000  Email: rpriev@dioprete-eng.com

SURVEYOR  This entity should be copied on all project correspondence  □ YES  □ NO
Name: DiPrete Engineering, Inc.
Name of Primary Contact (if surveyor is an organization): Robert Babcock
Address: Two Stafford Court, Cranston, Rhode Island 02920
Phone: 401-943-1000  Email: rbabcock@dioprete-eng.com

LANDSCAPE ARCHITECT  This entity should be copied on all project correspondence  □ YES  □ NO
Name: John Cantor
Name of Primary Contact (if landscape architect is an organization):
Address: PO Box 1214 South Kingstown, RI 02879
Phone: 401-285-3500  Email: john@johncantorcompany.com

ARCHITECT  This entity should be copied on all project correspondence  □ YES  □ NO
Name: Frank Harpowitz
Name of Primary Contact (if architect is an organization):
Address: South County Commons
Phone: 401-782-4604  Email: frank@fharchitects.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