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: Commodore Manor LLC
Name of Primary Contact (if applicant is an organization): Sean Hevenor
Applicant Address: 135 Lantern Lane, North Kingstown, RI 02852
Applicant Phone: 401-499-5700  Applicant Email: Sean@SellRhody.com

OWNER INFORMATION
Owner Name(s): Commodore Manor LLC
Owner Contact Information: Sean Hevenor 401-499-5700

PROJECT INFORMATION
Assessor’s Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 80-02/14
Physical Address or Location of Parcel(s): 2625B Commodore Oliver Hazard Perry Highway
Zoning District(s) of Parcel(s): R80  Total Size of Development Parcel: 2.64ac
Date of Initial Meeting with Planning Department Staff (before first stage of review): 10/27/2023

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

RECEIVED IN PLANNING DEPARTMENT
OCT 27 2023
TOWN OF SOUTH KINGSTOWN
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.

________________________
Applicant Signature

10/27/2023
Date

Sean Hevenor
Printed Name
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 Submission Date.

I, Ames Kaiser, hereby certify that I am an owner of property designated as Plat 80-2, Lot 14, 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 Ames Kaiser (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 October 2023.

BY: ____________________________
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In the State of Rhode Island on the 27th day of October, before me personally appeared Ames Kaiser (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.).

________________________
Melissa Anderson
Notary Public

My Commission Expires: 7/1/2023

TOWN OF SOUTH KINGSTOWN PLANNING BOARD
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, Sean Hevenor, hereby certify that I am an/the owner of property designated as Plat 80-2, Lot 14, 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 Sean Hevenor (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 October, 2023.

BY: __________________________
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In North Kingstown on the 27th day of October, before me personally appeared Sean Hevenor (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.).

Melissa Anderson
Notary Public

My Commission Expires: 7/7/2026

TOWN OF SOUTH KINGSTOWN PLANNING BOARD
### PROJECT TEAM FORM

*Submittal Date: 10/27/2023*

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.

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### 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):** Jeffrey Caffrey

**Address:** 300 Centerville Rd, Suite 300, Warwick, RI 02888

**Phone:** 401-738-4500  
**Email:** JCAffrey@resnickandcaffrey.com

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### 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:**

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### 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:**

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### 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:**

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### ARCHITECT

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

**Name:**

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

**Address:**

**Phone:**  
**Email:**

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### 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:**

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**TOWN OF SOUTH KINGSTOWN PLANNING BOARD**
PROJECT TEAM FORM  
Submit Date: 10/27/2023

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 Submit 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): Jeffrey Caffrey
Address: 300 Centerville Rd, Suite 300, Warwick, RI 02888
Phone: 401-738-4500 Email: JCAffrey@resnickandcaffrey.com

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: 
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: 
Role on Project: 
Name of Primary Contact (if entity is an organization): 
Address: 
Phone: Email: 

TOWN OF SOUTH KINGSTOWN PLANNING BOARD