

**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: Henry Cabrera
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 3812 Commodore O.H. Perry Highway
Applicant Phone: _____ Applicant Email: _____

OWNER INFORMATION

Owner Name(s): Henry Cabrera
Owner Contact Information: _____

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 78-3 Lot 7
Physical Address or Location of Parcel(s): 3812 Commodore O.H. Perry Highway
Zoning District(s) of Parcel(s): R200 Total Size of Development Parcel: 13..63 Acres
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 |

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PLANNING DEPARTMENT

SEP 05 2024

WAIVERS AND MODIFICATIONS

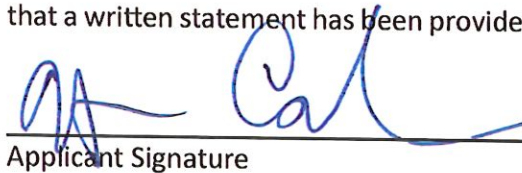
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations? yes* no

**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

August 20, 2024

Date

Henry Cabrera

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, Henry Cabrera hereby certify that I am an/the owner of property designated as Plat 78-3, Lot 7, 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 Henry Cabrera (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 20th day of August, 2024.

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In Wakefield, Rhode Island on the 20th day of August 2024, before me personally appeared Henry Cabrera (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 owner (individual, corporation, trustee, partnership, non-profit, etc.).

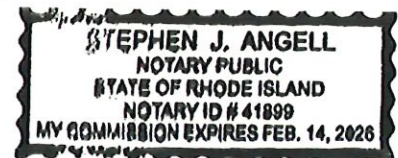
[Signature]
Notary Public

My Commission Expires: _____

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support informed decision-making.

3. The third part of the document focuses on the role of technology in enhancing data management and analysis. It discusses how modern software solutions can streamline data collection, storage, and reporting, thereby improving efficiency and accuracy.

4. The final part of the document provides a summary of the key findings and recommendations. It stresses the importance of ongoing monitoring and evaluation to ensure that the data collection and analysis processes remain effective and relevant over time.

PROJECT TEAM FORM

Submittal Date: _____

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: Angell Law, LLC
Name of Primary Contact (if attorney is an organization): Stephen J. Angell, Esq.
Address: 1062 Reservoir Avenue, Cranston RI 02910
Phone: 401-258-3340 Email: stephen@angell.law

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

Name: Joe Casali Engineering
Name of Primary Contact (if engineer is an organization): Joseph A. Casali, P.E., MBA
Address: 300 Post Road, Warwick RI 02888
Phone: 401-944-1300 Email: info@joecasali.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: _____
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: Pimentel Consulting, Inc.
Role on Project: Expert in Land Use, Planning, and Zoning
Name of Primary Contact (if entity is an organization): Edward Pimentel, AICP
Address: 26 Avon Road, Cranston RI 02905
Phone: 401-529-0647 Email: edaicp@yahoo.com

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