

**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: 132 Fairgrounds LLC  
Name of Primary Contact (if applicant is an organization): Jonathan Fox  
Applicant Address: 51 DeForest Avenue, Summit, NJ 07901  
Applicant Phone: (908) 219-9868 Applicant Email: jfox@alcamocap.com

**OWNER INFORMATION**

Owner Name(s): 132 Fairgrounds LLC  
Owner Contact Information: Jonathan Fox (jfox@alcamocap.com) - (908) 219-9868

**PROJECT INFORMATION**

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: A.P. 21-3 Lot 9  
Physical Address or Location of Parcel(s): 132 Fairgrounds Road  
Zoning District(s) of Parcel(s): IND-1 Total Size of Development Parcel: 20.22 acres  
Date of Initial Meeting with Planning Department Staff (before first stage of review): 5/21, 6/12, 9/17, 12/11/24

**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 checked="" type="checkbox"/> Major Subdivision (2 lot subdivision)        | <input type="checkbox"/> Residential Compound                       |
|  | <input checked="" type="checkbox"/> Comprehensive Permit            |

**CURRENT STAGE OF REVIEW** (if applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-Application Concept Review    | <input type="checkbox"/>  |
| <input checked="" type="checkbox"/> Conceptual Master Plan | <input type="checkbox"/> Release of Performance/Maintenance Guarantee |
| <input type="checkbox"/> Preliminary Plan                  | <input type="checkbox"/> Change to an Approved Plan                   |
| <input type="checkbox"/> Final Plan                        | <input type="checkbox"/> Reinstatement or Extension to Approved Plan  |
| <input type="checkbox"/> Recording                         | <input type="checkbox"/> Request to Combine Review Stages             |
|  | <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. (Preliminary list of anticipated adjustments provided separately)*

**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 \$ 6,420. \$200 + \$20/unit @ 311 units = \$6,420

(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

8/27/2025  
\_\_\_\_\_  
Date

Jonathan Fox  
\_\_\_\_\_  
Printed Name