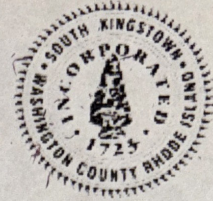


TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM



This Application Form is to be submitted with each stage of review.

APPLICANT INFORMATION

Applicant Name: Greenhouse Dispensary
Name of Primary Contact (if applicant is an organization): Kenneth Tetzner
Applicant Address: 225 MAIN STREET, WAKEFIELD, RI 02879
Applicant Phone: 401-447-7391 Applicant Email: Kjtetzner@gmail.com

OWNER INFORMATION

Owner Name(s): Offshore Development LLC
Owner Contact Information: Joseph Catelli 401-480-2502

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 57-2 / LOT 76
Physical Address or Location of Parcel(s): 711 Kingstown Road, South Kingstown, RI
Zoning District(s) of Parcel(s): CH Total Size of Development Parcel: 98,682
Date of Initial Meeting with Planning Department Staff (before first stage of review): 9/26/2025

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 checked="" type="checkbox"/> Other <u>SUP</u> |

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.

KA [Signature]
Applicant Signature

9/26/2025
Date

Kenneth Tetzner
Printed Name

PROJECT TEAM FORM

Submittal Date: 9/26/2025

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: PADWA LAW LLC

Name of Primary Contact (if attorney is an organization): Jeff PADWA, Esq.

Address: One PARK ROW, 5th FLOOR, Providence, RI 02903

Phone: 401-935-8571 Email: JPADWA@PADWALAW.com

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

Name: INSITE Engineering Services, LLC

Name of Primary Contact (if engineer is an organization): PAUL D. CARLSON, PE Principal

Address: 1539 FALL RIVER AVE. Seekonk, MA

Phone: 401-762-2870 Email: PCarlson@insiteengineers.com

SURVEYOR This entity should be copied on all project correspondence YES NO

Name: Scituate Survey / Insite Engineering Services, LLC

Name of Primary Contact (if surveyor is an organization): PAUL D. CARLSON

Address: 1539 FALL RIVER AVE Seekonk, MA

Phone: 401-762-2870 Email: PCarlson@insiteengineers.com

LANDSCAPE ARCHITECT This entity should be copied on all project correspondence YES NO

Name: Kevin M. ALVERSON LANDSCAPE ARCHITECTURE

Name of Primary Contact (if landscape architect is an organization): KEVIN ALVERSON

Address: 360 ANNAQUATUCKET ROAD, WICKFORD RI 02852

Phone: 401-338-0044 Email: KMA@KEVINMALVERSONLA.com

ARCHITECT This entity should be copied on all project correspondence YES NO

Name: McGEORGE Architecture Interiors, LLC

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

Address: 18 5th Avenue, EAST GREENWICH, RI 02818

Phone: 401-215-0749 Email: MATTHEW@MCGEORGEAI.com

OTHER This entity should be copied on all project correspondence YES NO

Name: Kenneth Tetzner

Role on Project: TEAM LEADER

Name of Primary Contact (if entity is an organization): Kenneth TETZNER

Address: 225 MAIN STREET, WAKEFIELD, RI 02879

Phone: 401-447-7391 Email: KJTetzner@gmail.com