

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: Keystone LLC
Name of Primary Contact (if applicant is an organization): Zachary Neill / Nicholas Neill
Applicant Address: P.O. Box 669 Wakefield RI 02850
Applicant Phone: 401-585-5829 (Zack) Applicant Email: Zack.neillbros@gmail.com
401-595-2096 (Nick) Nick.neillbros@gmail.com

OWNER INFORMATION

Owner Name(s): Zachary Neill / Nicholas Neill
Owner Contact Information: 401-585-5829 / 401-595-2096

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 57-1/LOT 73
Physical Address or Location of Parcel(s): 82 Main St. Wakefield RI 02879
Zoning District(s) of Parcel(s): CD Total Size of Development Parcel: 0.15 Acre / 6534.5 FT
Date of Initial Meeting with Planning Department Staff (before first stage of review): Feb 2025

TYPE OF PROJECT (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Development Plan Review | <input checked="" 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 type="checkbox"/> Major Subdivision | <input type="checkbox"/> Residential Compound |
| | <input type="checkbox"/> Comprehensive Permit |

CURRENT STAGE OF REVIEW (if applicable)

- | | |
|--|---|
| <input checked="" 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 |

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 \$ 100

(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.

Zachary D Neill
Applicant Signature

4/29/2025
Date

Zachary Neill
Printed Name

PROJECT TEAM FORM

Submittal Date: 5/2/2025

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: Sayer Regan & Thayer LLP
Name of Primary Contact (if attorney is an organization): ~~Debra Montesi~~ / Michael Monti
Address: 343 Main St. Wakefield RI 02879
Phone: (800) 803-7699 Email: ~~Debra.Montesi@SRT-Law.com~~
mmonti@SRT-Law.com

ENGINEER

This entity should be copied on all project correspondence

YES NO

Name: Commonwealth Engineering & Consultants, INC
Name of Primary Contact (if engineer is an organization): Timothy Behan
Address: 400 Smith Street, Providence RI 02908
Phone: 401-273-6600 Ext. 138 Email: tbehan@Commonwealth-eng.com

SURVEYOR

This entity should be copied on all project correspondence

YES NO

Name: East Greenwich Surveyors, LLC
Name of Primary Contact (if surveyor is an organization): Kirk Andrews
Address: 1050 Main Street, Suite 31, East Greenwich RI 02818
Phone: (401) 339-2681 Email: kandrews1684@aol.com

LANDSCAPE ARCHITECT

This entity should be copied on all project correspondence

YES NO

Name: N/A ~~Entwine Landdesign~~
Name of Primary Contact (if landscape architect is an organization): Alex Lombardi
Address: _____
Phone: 401-829-9591 Email: EntwineLanddesign11C@gmail.com

ARCHITECT

This entity should be copied on all project correspondence

YES NO

Name: Herk Works
Name of Primary Contact (if architect is an organization): Dan
Address: 36 Aquidneck Ave, Middletown RI 02842
Phone: 401-662-7875 Email: Dan@Herk-Works.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: _____

OWNER AUTHORIZATION FORM

Submittal Date: 5/16/2025 ⁽³⁷⁰⁾

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, Zachary D Neill hereby certify that I am an/the owner of property designated as Plat 571, Lot 73, 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.

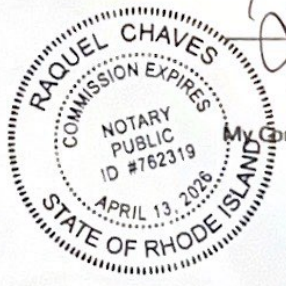
I hereby authorize and am in agreement with the application, signed by Zachary D Neill (applicant), for subdivision or development for the subject property. Said application is to be submitted to the Planning Department of the Town of South Kingstown for review and decision by the Planning Board.

WITNESS its name this 6th day of May, 2025

BY Zachary D Neill Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In Wakefield on the 6th day of May, 2025 before me personally appeared Zachary D Neill (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 Keystone LLC (individual, corporation, trustee, partnership, non-profit, etc.).



[Signature] Notary Public
My Commission Expires: 4/13/2026

Owner authorization form

OWNER AUTHORIZATION FORM

Submittal Date: 5/28/25

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, Nicholas David Neill hereby certify that I am an/the owner of property designated as Plat 57-1, Lot 73, 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 Nicholas D Neill (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 29TH day of MAY, 2025

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of WASHINGTON

In WAKEFIELD on the 29TH day of MAY 2025, before me personally appeared NICHOLAS D. NEILL (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 KEYSTONE LLC (individual, corporation, trustee, partnership, non-profit, etc.).



[Signature]
Notary Public

My Commission Expires: JULY 15, 2025

TOWN OF SOUTH KINGSTOWN PLANNING BOARD