

**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: Reilly Miller
Name of Primary Contact (if applicant is an organization): (401) 742-2760
Applicant Address: 40 Malbone Street Warwick RI 02888
Applicant Phone: (401) 742-2760 Applicant Email: ashworthinvestmentsri@gmail.com

OWNER INFORMATION

Owner Name(s): Reilly Miller
Owner Contact Information: (401) 742-2760

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: Map 32-4, Lot 21
Physical Address or Location of Parcel(s): 2001 Kingstown Road, South Kingstown, Rhode Island 02879
Zoning District(s) of Parcel(s): MU Total Size of Development Parcel: 0.84 AC
Date of Initial Meeting with Planning Department Staff (before first stage of review): 07/28/2025

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 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 checked="" type="checkbox"/> Conceptual Master Plan | <input type="checkbox"/> Change to an Approved Plan |
| <input checked="" 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 \$ 280.00.

(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.

Beilly Miller
Applicant Signature

12/15/2025
Date

Beilly Miller
Printed Name