

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: Joseph T. Murphy
Name of Primary Contact (if applicant is an organization): Same
Applicant Address: 100 Brookwood Road
Applicant Phone: (401) 932-9862 Applicant Email: murphyjac@verizon.net

OWNER INFORMATION

Owner Name(s): Same as above
Owner Contact Information: same as above

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 39-2 Lot 9
Physical Address or Location of Parcel(s): 1279 South Road
Zoning District(s) of Parcel(s): R-30 Total Size of Development Parcel: 84,223 sq ft
Date of Initial Meeting with Planning Department Staff (before first stage of review): Dec 2019

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 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 | <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 |

RECEIVED IN
PLANNING DEPARTMENT

JAN 29 2020

PROJECT TEAM FORM

Submittal Date: 1/29/2020

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: N/A

Name of Primary Contact (if attorney is an organization): _____

Address: _____

Phone: _____ Email: _____

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

Name: N/A

Name of Primary Contact (if engineer is an organization): _____

Address: _____

Phone: _____ Email: _____

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

Name: Coventry Survey

Name of Primary Contact (if surveyor is an organization): Samuel Suorsa, PLS

Address: 46 South Main Street, Coventry RI 02816

Phone: 401-823-5028 Email: coventrysurvey@hotmail.com

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

Name: N/A

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: N/A

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: N/A

Role on Project: _____

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

Address: _____

Phone: _____ Email: _____

OWNER AUTHORIZATION FORM

Submittal Date: 1/29/2020

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, Joseph T. Murphy hereby certify that I am an/the owner of property designated as Plat 39-2, Lot 9, 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 Joseph T. Murphy (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.

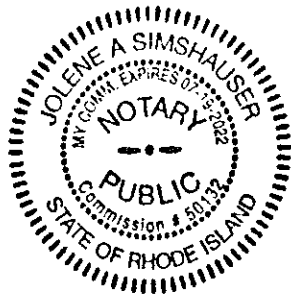
WITNESS its name this 29th day of JANUARY 2020.

BY: Joseph T. Murphy Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In Narragansett on the 29th day of JAN 2020, before me personally appeared Joseph T. Murphy (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 (individual, corporation, trustee, partnership, non-profit, etc.).



Jolene A. Simshauser
Notary Public

My Commission Expires: 7/19/22