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: 5A Builders, LLC
Name of Primary Contact (if applicant is an organization): Alexander Petrucci
Applicant Address: 15 Robertson Road, Narragansett, RI 02882
Applicant Phone: (401) 523-1805 Applicant Email: ajp1805@aol.com

OWNER INFORMATION
Owner Name(s): (Same as Applicant)
Owner Contact Information: 

PROJECT INFORMATION
Assessor’s Plat and Lot of Parcel(s) Proposed for Subdivision/Development: A.P. 40-4 Lot 55
Physical Address or Location of parcel(s): Curtis Corner Road
Zoning District(s) of Parcel(s): R20 Total Size of Development Parcel: 28.06 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): 10/30/18

TYPE OF PROJECT (select all that apply)
☐ Development Plan Review
☐ Administrative Subdivision
☐ Minor Subdivision, without street creation or extension
☐ Minor Subdivision, with street creation or extension
☐ Major Subdivision
☐ Minor Land Development Project
☐ Major Land Development Project
☐ Multi-household Land Development Project
☐ Flexible Design Residential Project (FDRP)
☐ Residential Compound

CURRENT STAGE OF REVIEW (if applicable)
☒ Pre-Application Concept Review
☐ Conceptual Master Plan
☐ Preliminary Plan
☐ Final Plan
☐ Recording
☐ Release of Performance/Maintenance Guarantee
☐ Change to an Approved Plan
☐ Reinstatement or Extension to Approved Plan
☐ Request to Combine Review Stages
☐ Other
WAIVERS AND MODIFICATIONS

Does this application request waiver 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.

[Signature]

Applicant Signature

Date: 6/6/19

[Name]

Printed Name
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: Kenyon Law Associates, LLP

Name of Primary Contact (if applicant is an organization): John Kenyon, Esq.

Address: 133 Old Tower Hill Road, South Kingstown, RI 02879

Phone: (401) 789-0217  
Email: jfk@kenyonlawyers.com

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

Name: DiPrete Engineering

Name of Primary Contact (if applicant is an organization): Eric Prive, PE

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000  
Email: eprive@diprete-eng.com

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

Name: DiPrete Engineering

Name of Primary Contact (if applicant is an organization): Robert Babcock, PLS

Address: Two Stafford Court, Cranston, RI 02920

Phone: (401) 943-1000  
Email: rbabcock@diprete-eng.com

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

Name: To Be Determined (None At This Time)

Name of Primary Contact (if applicant is an organization): 

Address: 

Phone:  
Email: 

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

Name: 

Name of Primary Contact (if applicant is an organization): 

Address: 

Phone:  
Email: 

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

Name: 

Role on Project: 

Name of Primary Contact (if applicant is an organization): 

Address: 

Phone:  
Email: 

TOWN OF SOUTH KINGSTOWN PLANNING BOARD
OWNER AUTHORIZATION FORM

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, _____________________________ on behalf of _____________________________ hereby certify that I am an/the owner of property designated as Plat _________, Lot _________, 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 _____________________________ (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 _______ day of _________, 2019.

BY: _____________________________

Signature of Owner

STATE OF RHODE ISLAND

County of ________________________

In _____________________________ on the _______ day of _________, _________ before me personally appeared _____________________________ (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, corporation, trustee, partnership, non-profit, etc.).

______________________________
Notary Public

My Commission Expires: _________