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: South County Hospital
Name of Primary Contact (if applicant is an organization): Gary Kusnierz
Applicant Address: 100 Kenyon Avenue, Wakefield, RI 02879
Applicant Phone: 401.782.8000 Applicant Email: gkusnierz@southcountyhealth.org

OWNER INFORMATION
Owner Name(s): South County Hospital
Owner Contact Information: (see applicant)

PROJECT INFORMATION
Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: AP 64-1, Lot 122
Physical Address or Location of Parcel(s): 100 Kenyon Ave
Zoning District(s) of Parcel(s): GI Total Size of Development Parcel: 17 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): 03-02-2021

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

CURRENT STAGE OF REVIEW (if applicable)
☐ Pre-Application Concept Review ☐ Release of Performance/Maintenance Guarantee
☐ Conceptual Master Plan ☐ Change to an Approved Plan
☐ Preliminary Plan ☐ Reinstatement or Extension to Approved Plan
☐ Final Plan ☐ Request to Combine Review Stages
☐ Recording ☐ 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 $100.00

(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.

[Signature]
Applicant's Signature

[Name]
Printed Name

[Date]
3.24.21

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