

**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: jane leBlanc
Name of Primary Contact (if applicant is an organization): jane leBlanc
Applicant Address: 113 Rocky Brook Way
Applicant Phone: 401-789-1456 Applicant Email: janeleblanc@rocketmail.com

OWNER INFORMATION

Owner Name(s): Caleb Manchester/Scot Hallberg/Kenneth Munroe
Owner Contact Information: 401-255-9466/401-265-0462/401-785-1700

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 57-1/140&132&228
Physical Address or Location of Parcel(s): 123 & 127 Main Street
Zoning District(s) of Parcel(s): CD Total Size of Development Parcel: 13,939+25,624=39,203'
Date of Initial Meeting with Planning Department Staff (before first stage of review): _____

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 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.



Applicant Signature

7/2/2021
Date

jane leBlanc

Printed Name

PROJECT TEAM FORM

Submittal Date: July 2, 2021

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 attorney is an organization): John Kenyon

Address: 133 Old Tower Hill Road, Suite 1, Wakefield, Rhode Island, 02879

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

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

Name: Environmental Planning & Surveying, Inc

Name of Primary Contact (if engineer is an organization): Wesley Grant, III

Address: PO Box 248, 52 Dugway Bridge Road, West Kingston, Rhode Island, 02879

Phone: 401-789-3628 Email: environmentalplanning@aol.com

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

Name: _____

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

Address: _____

Phone: _____ Email: _____

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

Name: _____

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: Union Studio Architect & Community Design

Name of Primary Contact (if architect is an organization): Donald Powers/Paul Atteman

Address: 140 Union Street, Providence, Rhode Island, 02879

Phone: 401-272-4724 Email: Don@unionstudioarch.com/Paul@unionstudioarch.com

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

Name: Caldwell & Johnson, Inc

Role on Project: BUILDER

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

Address: 6500 Post Road, North Kingstown, Rhode Island, 02852

Phone: 401-885-1770 Email: Dave.caldwell@caldwellandjohnson.com

OWNER AUTHORIZATION FORM

Submittal Date: 5/18/2021

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, Scot Hallberg hereby certify that I am an/the owner of property designated as Plat 57-1, Lot 140, 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 jane leBlanc (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 5th day of March 2021

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In 2021 on the 5th day of March, before me personally appeared Scot Hallberg (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.).

[Signature]
Notary Public

My Commission Expires: 6/27/21

George T. Ainsworth III

OWNER AUTHORIZATION FORM

Submittal Date: 5/18/2021

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, Caleb Manchester hereby certify that I am an/the owner of property designated as Plat 57-1, Lot 132, 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 jane leBlanc (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.

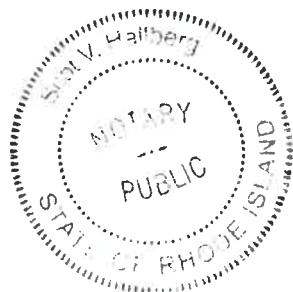
WITNESS its name this 5th day of March, 2021

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In 2021 on the 5th day of March 2021, before me personally appeared Caleb Manchester (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.).



[Signature]
Notary Public

My Commission Expires: 02/01/22

OWNER AUTHORIZATION FORM

Submittal Date: July 2, 2021

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, Kenneth Munroe hereby certify that I am an/the owner of property designated as Plat 57-1, Lot 228, 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.

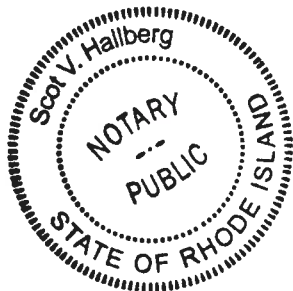
I hereby authorize and am in agreement with the application, signed by Jane leBlanc, 123 Main (applicant), for subdivision or development for the subject property. Said application is to be submitted to the Planning Department of the Town of South Kingstown for review and decision by the Planning Board.

WITNESS its name this 25th day of June, 2021

BY: [Signature]
Signature of Owner

STATE OF RHODE ISLAND
County of Washington

In South Kingstown on the 25th day of June 2021, before me personally appeared Kenneth Munroe (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.).



[Signature]
Notary Public

My Commission Expires: 02-01-2022

I, Kenneth Munroe, hereby authorize improvements and use of the existing easement to access both Lots designated Plat 57-1, Lots 132 and 140, as shown on the Town of South Kingstown Tax Assessor Maps.

[Signature]
Kenneth Munroe