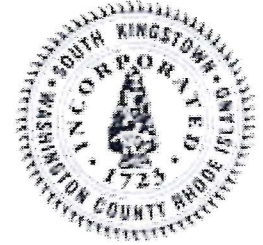


**TOWN OF SOUTH KINGSTOWN
PLANNING BOARD
PROJECT REVIEW APPLICATION FORM**



This Application Form is to be submitted with each stage of review.

APPLICANT INFORMATION

Applicant Name: RICHARD MEEHAN
Name of Primary Contact (if applicant is an organization): _____
Applicant Address: 544A MINISTERIAL RD, WAKEFIELD, RI 02879
Applicant Phone: 401-519-8538 Applicant Email: RICKMEEHAN@COX.NET

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: AP 74 LOT 42
Physical Address or Location of Parcel(s): # 544A MINISTERIAL RD
Zoning District(s) of Parcel(s): RE80 Total Size of Development Parcel: 210,548
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 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 (<u>FLEXIBLE FRONTAGE</u>) | <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 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 \$ 220.

(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.

Richard S Meehan
Applicant Signature

4/14/2023
Date

Richard S Meehan
Printed Name

OWNER AUTHORIZATION FORM

Submittal Date: 8/23/23

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, Richard S Meehan hereby certify that I am an/the owner of property designated as Plat 74, Lot 42, 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 Richard S Meehan (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.

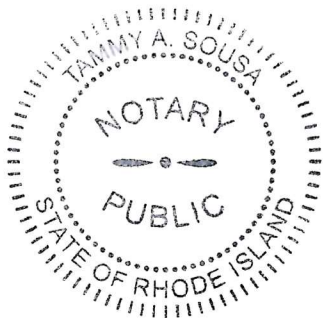
WITNESS its name this 14TH day of APRIL, 2023.

BY: Richard S Meehan
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In Charlestown on the 14 day of April, before me personally appeared Richard Sean Meehan (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.).



Tammy A Sousa
Notary Public

My Commission Expires: 8/15/2024

PROJECT TEAM FORM

Submittal Date: 8/23/23

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: _____
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: MARK DOWDELL (DOWDELL ENGINEERING)
Name of Primary Contact (if engineer is an organization): MARK DOWDELL, PE
Address: 3949 OLD POST RD, CHARLESTOWN, RI 02813
Phone: 401-364-1027 Email: M.L.DOWDELL@GMAIL.COM

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

Name: JAMIE SARDELLI (SARDELLI SURVEY)
Name of Primary Contact (if surveyor is an organization): JAMIE SARDELLI, PLS
Address: PO BOX 1017, CHARLESTOWN, RI 02813
Phone: 401-837-3364 Email: JAMIE@SARDELLISURVEY.COM

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: _____
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: _____
Role on Project: _____
Name of Primary Contact (if entity is an organization): _____
Address: _____
Phone: _____ Email: _____