

**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 Health, South County Hospital
Name of Primary Contact (if applicant is an organization): Gary Kusnierz, VP Performance Excellence
Applicant Address: 100 Kenyon Ave, Wakefield, RI 02879
Applicant Phone: 920-450-0420 Applicant Email: gkusnierz@southcountyhealth.org

OWNER INFORMATION

Owner Name(s): South County Health
Owner Contact Information: See Applicant Information Above

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 64-1-122, 64-1-01
Physical Address or Location of Parcel(s): 100 Kenyon Ave, Wakefield, RI 02879
Zoning District(s) of Parcel(s): G1 Total Size of Development Parcel: approx. 24 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): n/a

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 type="checkbox"/> Pre-Application Concept Review | <input type="checkbox"/> Release of Performance/Maintenance Guarantee |
| <input checked="" 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**

FEB 17 2021

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 \$ 200.

(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.

Gary A. Kusnierz
Applicant Signature

2.17.21
Date

Gary A. Kusnierz
Printed Name

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PLANNING DEPARTMENT

FEB 17 2021

TOWN OF
SOUTH KINGSTOWN, RI