

**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 J. Petrucci
Applicant Address: 220 Knowles Way Extension, Narragansett, Rhode Island 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: 40-4 / 55
Physical Address or Location of Parcel(s): Curtis Corner Road
Zoning District(s) of Parcel(s): R-20 Total Size of Development Parcel: 28.06 acres
Date of Initial Meeting with Planning Department Staff (before first stage of review): 09/11/2018

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 type="checkbox"/> Major Subdivision | <input type="checkbox"/> Residential Compound |
| | <input checked="" 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 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 checked="" type="checkbox"/> Other modification of final approval |

**RECEIVED IN
PLANNING DEPARTMENT**

SEP 30 2022

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 \$ N/A.

(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.

SA BUILDERS LLC

BY 
Applicant Signature

SEPT 30 2022
Date

Alexander Petrucci
Printed Name

OWNER AUTHORIZATION FORM

Submittal Date: _____

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, 5A Builders, LLC hereby certify that I am an/the owner of property designated as Plat 40-4, Lot 55, 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 5A Builders, LLC (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 30th day of SEPT, 2022.

BY: [Signature]
5A Builders, LLC Signature of Owner
by: Alexander J. Petrucci, Member

STATE OF RHODE ISLAND
County of Kent

In Warwick on the 30 day of SEPT 2022, before me personally appeared Alexander J. Petrucci, Member of 5A Builders, LLC (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 Member (individual, corporation, trustee, partnership, non-profit, etc.).

[Signature]
Notary Public

My Commission Expires: _____



PROJECT TEAM FORM

Submittal Date: 9/30/2022

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: Resnick and Caffrey, PC
Name of Primary Contact (if attorney is an organization): Sanford J. Resnick, Esq.
Address: 300 Centerville Road, Summit West, Suite 300, Warwick, RI 02886
Phone: 401-738-4500 Email: sresnick@resnickandcaffrey.com

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

Name: DiPrete Engineering, Inc.
Name of Primary Contact (if engineer is an organization): ERIC PRIVE
Address: SEE BELOW
Phone: _____ Email: _____

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

Name: DiPrete Engineering, Inc.
Name of Primary Contact (if surveyor is an organization): Robert Babcock
Address: Two Stafford Court, Cranston, Rhode Island 02920
Phone: 401-943-1000 Email: rbabcock@diprete-eng.com

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

Name: JOHN CARTER
Name of Primary Contact (if landscape architect is an organization): _____
Address: PO BOX 121 SAUNDERS TOWN 02871
Phone: 401-785-3500 Email: JOHN@JOHNCARTERCOMPANY.COM

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

Name: FRANK HARPOWITZ
Name of Primary Contact (if architect is an organization): _____
Address: SOUTH COUNTY COMMONS
Phone: 401-782-4604 Email: FRANK@FKARCHITECTS.COM

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: _____