

**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: Garrett Homes, LLC  
Name of Primary Contact (if applicant is an organization): Gary Eucalitto  
Applicant Address: 59 Field Street, Torrington CT 06790  
Applicant Phone: 860-307-5479 Applicant Email: eucalittogary@gmail.com

**OWNER INFORMATION**

Owner Name(s): Owner 1: South Shore Mental Health (Gateway Healthcare, Inc.)  
Owner 2: Alternative Living Concepts (C/O Gateway Healthcare, Inc.)  
Owner Contact Information: C/O Engineer, Matthew Bruton, (860) 760-1933

**PROJECT INFORMATION**

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: Lot 1: 40-1 125  
Lot 2: 40-1 126  
Physical Address or Location of Parcel(s): 1860 Kingstown Road, South Kingstown, RI  
Zoning District(s) of Parcel(s): MU Total Size of Development Parcel: 94,902 SF (2.18 Ac)  
Date of Initial Meeting with Planning Department Staff (before first stage of review): \_\_\_\_\_

**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**

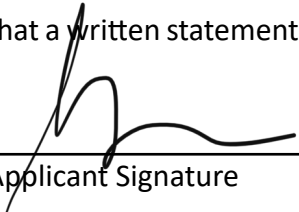
Does this application request waiver of or modification to any of the requirements of the Town of South Kingstown Subdivision and Land Development Regulations?      yes\*                      no

*\*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 \$\_\_\_\_\_.

(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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# PROJECT TEAM FORM

Submittal Date: \_\_\_\_\_

*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: \_\_\_\_\_

Name of Primary Contact (if engineer is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_

# PROJECT TEAM FORM

Submittal Date: \_\_\_\_\_

*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: \_\_\_\_\_

Name of Primary Contact (if engineer is an organization): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_

**OWNER AUTHORIZATION FORM**

Submittal Date: 8/5/2020

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, Jody Bishop hereby certify that I am an/the owner of property designated as  
Lot 1: 40-1 125  
Plat Lot 2: 40-1, Lot 126, 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 Gary Eucalitto  
(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 August, 2020

BY: Jody Bishop  
Signature of Owner

STATE OF RHODE ISLAND

County of Providence

In Providence on the 5th day of August, before me personally appeared Jody Bishop (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 non-profit (individual, corporation, trustee, partnership, non-profit, etc.).

Ann F. Rogan  
Notary Public

My Commission Expires: 5/26/22

