

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: JSC Management Group

Name of Primary Contact (if applicant is an organization): James Cammilleri

Applicant Address: PO Box 217, Lyndonville, NY 14098

Applicant Phone: (585) 755-3950 Applicant Email: james.cammilleri@jscmg.com

OWNER INFORMATION

Owner Name(s): Robert Golden, Trustee

Owner Contact Information: 401-783-1040 Golden, Gormly & Co 55 Cherry Lane Wakefield RI 02879

PROJECT INFORMATION

Assessor's Plat and Lot of Parcel(s) Proposed for Subdivision/Development: 57-2 67

Physical Address or Location of Parcel(s): 126 Old Tower Hill Road, Village of Wakefield, RI 02879

Zoning District(s) of Parcel(s): CH Total Size of Development Parcel: 2.75 AC

Date of Initial Meeting with Planning Department Staff (before first stage of review): _____

TYPE OF PROJECT (select all that apply)

- Development Plan Review
- Administrative Subdivision
- Minor Subdivision, without street creation or extension
- Minor Subdivision, with street creation or extension
- Major Subdivision
- Minor Land Development Project
- Major Land Development Project
- Multi-Household Land Development Project
- Flexible Design Residential Project (FDRP)
- Residential Compound
- Comprehensive Permit

CURRENT STAGE OF REVIEW (if applicable)

- Pre-Application Concept Review
- Conceptual Master Plan
- Preliminary Plan
- Final Plan
- Recording
- Release of Performance/Maintenance Guarantee
- Change to an Approved Plan
- Reinstatement or Extension to Approved Plan
- Request to Combine Review Stages
- Other

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SEP 29 2021

TOWN OF
SOUTH KINGSTOWN, RI

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.

ELLIE & ROB REALTY CORP.

I, ROBERT GOLDEN, TRUSTEE hereby certify that I am an/the owner of property designated as Plat 57-2, Lot 67, 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 JAMES CAMILLERI (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 28TH day of SEPTEMBER, 2021.

BY: Robert Golden, Trustee
Signature of Owner

STATE OF RHODE ISLAND

County of Washington

In South Kingstown, RI on the 28th day of September, before me personally appeared Robert Golden (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 Trustee (individual, corporation, trustee, partnership, non-profit, etc.).

James L. Mantlo
Notary Public

My Commission Expires: 6/17/23

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TOWN OF
SOUTH KINGSTOWN, RI

PROJECT TEAM FORM

Submittal Date: 09/23/2021

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: _____

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: APD Engineering & Architecture

Name of Primary Contact (if engineer is an organization): Todd Markevicz, P.E.

Address: 615 Fishers Run, Victor, NY 14564

Phone: (585) 742-2222 Email: tmarkevicz@apd.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: APD Engineering & Architecture

Name of Primary Contact (if architect is an organization): Alexandra Lerner

Address: 615 Fishers Run, Victor, NY 14564

Phone: (585) 742-2222 Email: alerner@apd.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: _____

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TOWN OF
SOUTH KINGSTOWN, RI



ENGINEERING | ARCHITECTURE

Town of South Kingstown
Planning Department
180 High Street
Wakefield, RI 02879
401-789-9331

September 24, 2021

APD Project No.: 20-0206

RE: Burger King – Wakefield, RI

To the Planning Department,

On behalf of our client, Burger King, please accept the enclosed materials as our application for the Planning Board Project Review Application Plan Review. The project includes a new ground up Burger King Restaurant facility located at 4799 West Henrietta Road, Henrietta, NY.

Please find the following items as part of our Project Review Application:

1. (16) Project Review Application Forms
2. (2) Project Team Form
3. (1) Notarized Owner Authorization Form
4. (6) 24x36 plans

Please note that these plans will be accompanying the remaining submittals from the contractor.

Please direct all questions and comments to: Alicia Cologgi, APD Engineering & Architecture, PLLC, 615 Fishers Run, Victor, NY 14564. Tel: 585-742-0209., Email: acologgi@apd.com

Sincerely,

Alicia Cologgi

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TOWN OF
SOUTH KINGSTOWN, RI

Headquarters

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Office Locations

P.O. Box 11626, Santa Ana, CA 92711 • phone/fax 714.987.1380