



Hopkinton

Planning Department

RHODE ISLAND

18.2 APPLICATION NOTIFICATION LIST

Please list the **Name, Address, Phone Number and Contact Person** of each of the following who will represent your application and **note with *** whether notification of meetings/actions is required. The list is necessary to the Planning Department for proper notification of your application.

Project Name Building Addition at Wood River Health Services Date 4/12/2021

Plat(s) 14 Lot(s) 47A

Applicant(s) Wood River Health Services; 823 Main Street, Hopkinton, RI 02832
Alison Croke - acroke@wrhsri.org *

Owner(s) same as applicant

Engineer Wood Environment & Infrastructure Solutions, Inc.; 275 Promenade Street, Providence, RI 02908
Chris Shea - chris.shea@woodplc.com (978)427-9487 *

Land Surveyor Waterman Engineering Company; 46 Sutton Avenue, East Providence, RI 02914
Brad Traverse - brad@watermanengineering.net

Architect Vision 3 Architects; 225 Chapman Street, Providence, RI 02905
David Christie - dchristie@vision3architects.com (802)989-1970 *

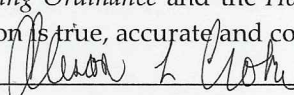
Landscape Architect Traverse Landscape Architects; 150 Chestnut Street, 4th Floor, Providence, RI 02903
Ashley Iannuccilli, aiannuccilli@traversela.com *

Attorney Naccarato & Fracassa; 85 Beach Street, Bldg. C, Unit 8, Westerly, RI 02891
Kelly Fracassa - kelly@naccaratofracassa.com (401)596-0321 *

Other Representatives Requiring Notification _____

Owner's Certification

I hereby certify that I have authorized the above-listed representatives to act on my behalf, and to prepare all required documentation in support of this Application; that such documentation is in accordance with the *Hopkinton Zoning Ordinance* and the *Hopkinton Land Development & Subdivision Regulations*; and, that such documentation is true, accurate and complete to the best of my knowledge.


Signature of Owner

4/13/21
Date