

**ADULT RETIRMENT COMMUNITY PLANNED UNIT DEVELOPMENT  
(ARCPUD) SPECIAL PERMIT APPLICATION**

Medway Planning Board  
155 Village Street, Medway, MA 02053  
508-533-3291

*This application for an ARCPUD Special Permit is made pursuant to the Planning Board Rules and Regulations for Review and Approval of ARCPUD Plans and Issuance of ARCPUD Special Permits (July 17, 2001), the Medway Zoning By-Law, Section V. USE REGULATIONS, Sub-Section T. Adult Retirement Community Overlay District and Massachusetts General Laws, Chapter 40A, Section 9 - Special Permits*

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

**The undersigned, being the applicant and the owner of all land included within the proposed ARCPUD shown on the accompanying plan(s) entitled \_\_\_\_\_, dated \_\_\_\_\_, and prepared by \_\_\_\_\_ of \_\_\_\_\_, herewith submits this application and ARCPUD Plans for an ARCPUD Special Permit to the Medway Planning Board.**

***PROPERTY INFORMATION***

1. Property Location Address \_\_\_\_\_
2. Assessor=s Information      Map: \_\_\_\_\_      Lot: \_\_\_\_\_
3. Zoning District: \_\_\_\_\_
4. The owner's title to the land is derived under a deed from: \_\_\_\_\_, dated \_\_\_\_\_ and recorded in Norfolk County Registry of Deeds, Book \_\_\_\_\_, Page \_\_\_\_\_ or Land Court Certificate of Title # \_\_\_\_\_ registered in Norfolk County District Book \_\_\_\_\_, Page \_\_\_\_\_

***CONTACTS***

- 5a) Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_

5b) Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Applicant (if other than property owner) \_\_\_\_\_  
Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Please check here if you are the equitable owner (purchaser on a purchase and sales agreement.)

5c) *NOTE - If someone other than the property owner or the equitable owner is the Applicant or will be representing the Applicant, then the property owner or equitable owner must designate an Official Representative below:*

Official Representative: \_\_\_\_\_  
Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Architect: \_\_\_\_\_  
Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

8. Surveyor: \_\_\_\_\_  
Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

9. Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

***OTHER INFORMATION***

10. Is any portion of the property located on a Scenic Road? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Description of easements, option to purchase, purchase and sale agreement, court decision, or other legal restrictions (*Attach separate sheets as needed.*)

12. Project Narrative (*Attach a separate document. This should be a complete description of the ARCPUD project. See Section 303-4 A. (13) for information to be included in Project Narrative.*)
13. Is any portion of the site within a flood plain area?  Yes  No  
If Yes, is it clearly shown on the plan?  Yes  No
14. Is any portion of the site within a wetland resource area?  Yes  No  
If Yes, is it clearly shown on the plan?  Yes  No

***Please be sure that all questions have been answered fully and completely.***

***SIGNATURES*** - *I hereby certify, under the pains and penalties of perjury, that the information contained in this application is true and complete to the best of my knowledge and belief. [If applicable, I hereby authorize \_\_\_\_\_ to serve as my Official Representative to represent my interests before the Medway Planning Board with respect to this ARCPUD Special Permit.]*

<i>Signature of Property Owner</i>	<i>Date</i>
<i>Signature of Applicant (if other than Owner)</i>	<i>Date</i>
<i>Signature of Official Representative</i>	<i>Date</i>

### ***SUBMITTAL INSTRUCTIONS***

#### ***Town Clerk:***

- One (1) ARCPUD Special Permit Application with original signatures
- One (1) set of ARCPUD Plans
- One (1) *Street Naming Application* for review of proposed street names by the Street Naming Committee.

#### ***Planning Board:***

- One (1) ARCPUD Special Permit Application with original signatures.
- Receipt from Town Clerk noting date & time ARCPUD Application was filed
- Fourteen (14) sets of ARCPUD Plans
- Three (3) copies of storm drainage calculations
- One (1) copy of all relevant approvals received to date from other boards
- Two (2) sets of layout/floor plans
- Two (2 sets) of elevation drawings of building facades from all directions
- Project Narrative
- A list of abutters within 500 feet of the site's property lines.
- Non-refundable ARCPUD Plan Filing Fee (\$ 1,000 plus \$50/unit)
- All other submittals required by this application and Section 303-4 of the *ARCPUD Rules and Regulations*

July 26, 2002

**TOWN OF MEDWAY  
ARCPUD SPECIAL PERMIT  
APPLICATION PROCESSING WORKSHEET  
(For Internal Office Use by Medway Planning Board)**

Date of Pre-Application Meeting with Planning Board: \_\_\_\_\_

Date Application Filed with Town Clerk: \_\_\_\_\_ Recvd. by: \_\_\_\_\_  
(This constitutes the official submission date)

Date Filed with Planning Board: \_\_\_\_\_ Recvd. by: \_\_\_\_\_

Date ARCPUD Plan Filing Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Date PB Forwards Application Package to Consulting Engineer: \_\_\_\_\_ By: \_\_\_\_\_

Date PB determines application package is complete: \_\_\_\_\_

Date PB circulates ARCPUD plans to Town boards/commissions: \_\_\_\_\_

Date ARCPUD Plan Review Fee Set by Planning Board: \_\_\_\_\_ Amount: \_\_\_\_\_

ARCPUD Plan Review Fee:

Date Paid _____	Amount _____	Check # _____	Recvd. by _____
Date Paid _____	Amount _____	Check # _____	Recvd. by _____
Date Paid _____	Amount _____	Check # _____	Recvd. by _____

Legal Notice Advertisement Dates: \_\_\_\_\_ Publication: \_\_\_\_\_

Date Abutter Notice provided to applicant by Planning Board for certified mailing: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_  
(Must be held within 65 days after filing application with the Town Clerk)

Public Hearing Continuation Dates: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

Date of Planning Board Decision: \_\_\_\_\_

Type of Planning Board Decision: \_\_\_\_\_

Date Written Notification of Planning Board Decision is filed with Town Clerk: \_\_\_\_\_  
(Must be within 90 days after date of public hearing unless extended)

20 day appeal period expiration date: \_\_\_\_\_

Appeal(s) Filed: \_\_\_\_\_

Date of Planning Board's Endorsement of ARCPUD Plan: \_\_\_\_\_

Date Approved/Endorsed ARCPUD Plan Filed with Town Clerk: \_\_\_\_\_

Date Decision and Plans are recorded at Registry of Deeds:

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