

**ADAPTIVE USE
SPECIAL PERMIT APPLICATION**

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

This application for an Adaptive Use Special Permit is made pursuant to the Medway Zoning By-Law, Section V. USE REGULATIONS, Sub-Section W. Adaptive Use Overlay District (AUOD) 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 AUOD as shown on the accompanying plan(s) entitled _____, dated _____, and prepared by _____ of _____, herewith submits this application for an Adaptive Use Special Permit to the Medway Planning Board.

PROPERTY INFORMATION

1. Property Location Address _____
2. Assessor's Information Map: _____ Parcel : _____
3. Parcel Size: Area: _____ Frontage: _____
4. Zoning District: _____
5. 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 _____
6. Is any portion of the property located on a Medway Scenic Road? Yes No
7. Is any portion of the site within a flood plain area? Yes No
If yes, is it clearly shown on the plan? Yes No
8. Is any portion of the site within a wetland resource area? Yes No

If yes, is it clearly shown on the plan? _____ Yes _____ No

APPLICANT CONTACT INFORMATION

9a) Applicant (if other than property owner) _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____
Email address: _____

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

9b) Property Owner: _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____

9c) *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.*

Official Representative: _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____
Email: _____

10. Engineer: _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____

11. Surveyor: _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____

12. Landscape Architect: _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____

13. Attorney: _____
Address: _____

Primary Contact: _____

Telephone: _____

Fax: _____

PROJECT INFORMATION

14. Type of Project (check all that apply)

_____ Renovation of Existing Structure
Building Dimensions: _____ Gross Square Footage: _____

_____ New Construction/Addition to Existing Structure
Addition Dimensions: _____ Gross Square Footage: _____

15. Project Narrative - *Attach a separate document. This should be a complete and detailed description of the AUOD project*

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

Please be sure to answer all questions fully & 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 Special OSRD Permit.]* In submitting this application, I also authorize the Planning Board, its agents, and other Town Officials to access the site during the plan review process.

Signature of Applicant (if other than Property Owner) _____
Date

Signature of Property Owner _____
Date

Signature of Official Representative _____
Date

SUBMITTAL INSTRUCTIONS

Town Clerk:

- ___ One (1) copy of the Adaptive Use Special Permit Application
- ___ One (1) set of AUOD plans
- ___ Projective Narrative

Planning Board:

- ___ One (1) Adaptive Use Special Permit Application with original signatures.
- ___ Receipt from Town Clerk noting date & time AUOD application was filed
- ___ Eighteen (18) sets of AUOD Plans including Locus Map, Context Plan & Plot Plan
- ___ Three (3) copies of storm drainage report
- ___ One (1) copy of all relevant approvals received to date from other Town boards
- ___ Three (3) sets of layout/floor plans with uses of areas labeled
- ___ Three (3) sets of elevation drawings of building facades from all directions
- ___ Project Narrative
- ___ A list of abutters within 300 feet of the site's property lines certified by the Assessor's office
- ___ AUOD Special Permit Filing Fee
- ___ Advance on AUOD Plan Review Fee