

# **ADAPTIVE USE SPECIAL PERMIT APPLICATION**

Town of Medway  
Planning & Economic Development Board  
155 Village Street, Medway, MA 02053  
508-533-3291

Please be sure to answer all questions fully and completely.

This application for an Adaptive Use Special Permit is made pursuant to the Medway Zoning Bylaw, 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 land included within the Medway Adaptive Use Overlay District (AUOD), submits this application for an Adaptive Use Special Permit to the Medway Planning & Economic Development Board. The proposed project is shown on the accompanying plan(s) entitled: \_\_\_\_\_

\_\_\_\_\_d  
ated \_\_\_\_\_ and prepared by \_\_\_\_\_  
\_\_\_\_\_of \_\_\_\_\_.

## **PROPERTY INFORMATION**

Property Location Address: \_\_\_\_\_

The property on this plan is shown on Medway Assessor's Map: \_\_\_\_\_ Parcel \_\_\_\_\_

Parcel Size: Area: \_\_\_\_\_ Frontage: \_\_\_\_\_

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 \_\_\_\_\_.

### Flood Plain/Wetland Protection District

Is any portion of the site within a flood plain area?     Yes     No  
If yes, is it clearly shown on the plan?                     Yes     No

### Wetlands

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/OWNER CONTACT INFORMATION

**Applicant's Name:** \_\_\_\_\_

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

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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

**Property Owner's Name** (*if other than applicant*) \_\_\_\_\_

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

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

*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's Name:** \_\_\_\_\_

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

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## CONSULTANT INFORMATION

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

Address \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **PROJECT INFORMATION**

**Project Name:** \_\_\_\_\_

**Type of Project** (check all that apply)

\_\_\_\_\_ Renovation of Existing Structure  
Building Dimensions: \_\_\_\_\_ Gross Square Footage: \_\_\_\_\_

\_\_\_\_\_ Construction of an Addition to Existing Structure  
Addition Dimensions: \_\_\_\_\_ Gross Square Footage: \_\_\_\_\_

\_\_\_\_\_ Construction of a New Building  
Dimensions: \_\_\_\_\_ Gross Square Footage: \_\_\_\_\_

Does this project involve any residential units? \_\_\_\_\_

**Project Narrative** - Prepare and attach a separate document. This shall be a detailed description of all aspects of the AUOD project including existing and proposed uses of the site (See Medway Zoning Bylaw – *SECTION V. USE REGULATIONS, Sub-Section W. Adaptive Use Overlay District, paragraph 3 Permitted Uses*); proposed means of vehicular and pedestrian access/egress; proposed site amenities/ improvements, etc.

**Special Permit Justification** – Prepare and attach a separate document. This shall be an itemized description of how you believe the proposed project meets the Site Development Standards and Special Permit Standards/Criteria of the AUOD section of the Medway Zoning Bylaw. (*SECTION V. USE REGULATIONS, Sub-Section W. – paragraphs 5 and 8.*).

## **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 & Economic Development Board with respect to this application for an  
Adaptive Use Special Permit.]

In submitting this application, I also authorize the Planning & Economic Development Board, its agents, and other Town Officials to access the site during the application and 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 signed Adaptive Use Special Permit Application
- \_\_\_\_\_ One (1) set of AUOD plans – full size
- \_\_\_\_\_ Projective Narrative

### **Planning & Economic Development Board:**

- \_\_\_\_\_ One (1) Adaptive Use Special Permit Application with original signatures date stamped by the Town Clerk.
- \_\_\_\_\_ Eighteen (18) sets of the AUOD Plan as specified in the *Rules and Regulations* (10 full size and 8 reduced size -11" by 17")
- \_\_\_\_\_ Electronic version of AUOD Plan (this may be emailed)
- \_\_\_\_\_ Three (3) copies of storm water drainage analysis and report
- \_\_\_\_\_ One (1) copy of all relevant approvals received to date from other Town boards/departments pertaining to this project
- \_\_\_\_\_ Three (3) sets of Building Elevation Drawings of proposed design for renovated and/or newly constructed building facades from all directions with complete description of materials.
- \_\_\_\_\_ Electronic version of Building Elevation drawings (this may be emailed).
- \_\_\_\_\_ Project Narrative (Provide hard copy and electronic version)
- \_\_\_\_\_ Special Permit Justification (Provide hard copy and electronic version)
- \_\_\_\_\_ Proof of existing or pending ownership of the subject property
- \_\_\_\_\_ A list of abutters/parties of interest within 300 feet of the site's property lines certified by the Medway Assessor's office
- \_\_\_\_\_ Description of easements, option to purchase, purchase and sale agreement, court decision or other legal restrictions
- \_\_\_\_\_ Written Request for Waivers – Please provide a detailed list of desired/needed waivers from the *Adaptive Use Overlay District Rules and Regulations* and the Development Standards of the *Site Plan Rules and Regulations* (and an explanation/justification for each waiver request. Specify the particular section of the *Rules and Regulations* for which you seek a waiver. (Provide hard copy and electronic version)
- \_\_\_\_\_ AUOD Special Permit Filing Fee - Payable to the Town of Medway. See Fee and Bond Schedule
- \_\_\_\_\_ Advance on AUOD Plan Review Fee - Payable to the Town of Medway