



**Planning & Economic Development Board
Town of Medway, MA**

***Application for Adult Retirement Community
Planned Unit Development (ARCPUD)
SPECIAL PERMIT***

Please contact the Planning and Economic Development office at 508-533-3291 if you have any questions.

INSTRUCTIONS TO APPLICANT/OWNER

This Application is made pursuant to the *Medway Zoning Bylaw, SECTION 8 SPECIAL REGULATIONS, Section 8.5 T. Adult Retirement Community Planned Unit Development* and the Board's *Rules and Regulations for the Review and Approval of ARCPUD Plans and Issuance of ARCPUD Special Permits.*

The Town's planning and engineering consultants will review the application and proposed ARCPUD plan and provide review letters to the Planning and Economic Development Board. A copy of those review letters will be provided to you in advance of the public hearing.

The plan and application materials will also be circulated to Town departments and boards/committees including the Design Review Committee, Open Space Committee and the Conservation Commission which will be asked to provide review comments. You may be asked to attend a meeting with those respective boards/committees to discuss your proposed development plan.

You and/or your duly authorized Agent/Official Representative are expected to attend the Board meetings/hearings at which your Application will be considered to answer any questions and/or submit such additional information as the Board may request. Your absence at hearings may result in a delay in the Board's review of the plan.

_____, 20____

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Name of Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

____ Please check here if the Applicant is the equitable owner (*purchaser on a purchase and sales agreement.*)

ARCPUD PLAN INFORMATION

Plan Title: _____

Plan Date: _____

Prepared by:
Name: _____

Firm: _____

PROPERTY INFORMATION

Location Address: _____

The land shown on the plan is shown on Medway Assessor's Map # _____ as Parcel # _____

Total Acreage of Land Area: _____

General Description of Property: _____

Medway Zoning District Classification: _____

Current Use of Property: _____

Length of Existing Frontage: _____ On what street? _____

Setbacks for Existing Structure (if applicable)

Front: _____

Back: _____

Side: _____

Side: _____

Scenic Road

Does any portion of this property have frontage on a Medway Scenic Road?

____ Yes ____ No If yes, please name street: _____

Historic District

Is any portion of this property located within a Medway National Register Historic District?

____ Yes - Rabbit Hill

____ Yes - Medway Village

Wetlands

Is any portion of the property within a Wetland Resource Area? ____ Yes ____ No

Groundwater Protection

Is any portion of the property within a Groundwater Protection District? ____ Yes ____ No

Flood Plain

Is any portion of the property within a Designated Flood Plain? ____ Yes ____
No

Zoning Board of Appeals

Will this project require a variance or special permit?
____ Yes ____ No

Explanation: _____

PROPOSED ARCPUD PROJECT INFORMATION

Development Name: _____

An ARCPUD is a master planned development designed as a unified, self-contained residential community, constructed expressly for use and residency by persons who have achieved a minimum age requirement of fifty-five years of age or older and which also incorporates the preservation of natural open space areas as an integral element of the development.

An ARCPUD includes one or more of the following housing types and may include selected other accessory uses and services, all as defined in the Medway Zoning Bylaw. Please check all that apply.

RESIDENTIAL TYPES

- ____ Coordinated Units - # of units: _____
- ____ Residential Subdivision - # of lots: _____
- ____ Independent Living Residence Facility - # of units: _____
- ____ Assisted Living or Congregate Living Residence Facility - # of units: _____
- ____ Long-Term Care Facility - # of units: _____

ACCESSORY USES and SERVICES

- ____ Adult Day Care - Size: _____
- ____ Community Center or Community Building - Size: _____
- ____ Local Convenience Retail - Size: _____
- ____ Medical Offices or Clinic - Size: _____
- ____ Resident Services - Describe: _____

AFFORDABLE HOUSING INFORMATION

The Medway Zoning Bylaw, Section 8.6 Affordable Housing requires that a residential or mixed-use development that results in a net increase of six or more dwelling units shall include at least 10% of the dwelling units as affordable housing.

Please provide a narrative describing the number of affordable units you are responsible for and how you will meet the Town’s affordable housing requirement. If you will provide the affordable dwelling units on site, please identify the dwelling units that will be designated as affordable.

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner's Name: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

The owner's title to the land that is the subject matter of this application is derived under deed from _____ to _____ dated _____ and recorded in Norfolk County Registry of Deeds, Book _____ Page _____ or Land Court Certificate of Title Number _____, Land Court Case Number _____, registered in the Norfolk County Land Registry District Volume _____, Page _____.

CONSULTANT INFORMATION

ENGINEER: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

Registered P.E. License #: _____

SURVEYOR: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email Address: _____

Registered P.L.S. License #: _____

ARCHITECT: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

Registered Architect License #: _____

LANDSCAPE ARCHITECT/DESIGNER: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

Registered Landscape Architect License #: _____

ATTORNEY: _____

Mailing Address: _____

Primary Contact: _____

Telephone: Office: _____ Cell: _____

Email address: _____

DESIGNATED REPRESENTATIVE INFORMATION (If other than applicant)

Name: _____

Address: _____

Telephone: Office: _____ Cell: _____

Email address: _____

SIGNATURES

The undersigned, being the Applicant for approval of an ARCPUD Special Permit, herewith submits this application and ARCPUD Plan to the Medway Planning and Economic Development Board for review and approval. I hereby certify, under the pains and penalties of perjury, that the information contained in this application is a true, complete and accurate representation of the facts regarding the property and proposed development under consideration.

(If applicable, I hereby authorize _____ to serve as my Agent/Designated Representative to represent my interests before the Medway Planning & Economic Development Board with respect to this application.)

In submitting this application, I authorize the Board, its consultants and agents, Town staff, and members of the Design Review Committee and Open Space Committee to access the site during the plan review process.

I understand that pursuant to MGL 53G, the Medway Planning and Economic Development Board will retain outside professional consultants to review this application and that I am responsible for the costs associated with such reviews.

I understand that the Planning and Economic Development Board, its agents, staff, consultants, and other Town staff and committees may request additional information which I am responsible for providing to assist them in reviewing the proposed development.

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

ARCPUD FEES
Filing Fee
\$2,500 plus \$25 per proposed ARCPUD residence
Advance on Plan Review Fee
\$2,500 deposit
Submit 2 separate checks each made payable to: Town of Medway

ARCPUD SPECIAL PERMIT APPLICATION CHECKLIST

TOWN CLERK

- _____ ARCPUD Special Permit Application (1 signed original) signed by applicant, property owner and official representative
- _____ One (1) full size copy of the ARCPUD Plan prepared in accordance with the ARCPUD sub-section of the Medway Zoning Bylaw and Sections 303-4 and 303-6 of the *Medway ARCPUD Rules and Regulations*
- _____ One (1) copy of the *Stormwater Drainage Calculations/Report* prepared in conformance with Section 204 – 3, 3) of the *Site Plan Rules and Regulations*
- _____ One (1) copy the traffic study, depending on the size and scope of the proposed development project

PLANNING AND ECONOMIC DEVELOPMENT BOARD

- _____ ARCPUD Special Permit Application (1 signed original) signed by applicant, property owner and official representative
- _____ Two (2) full size copies of the ARCPUD Site Plan prepared in accordance with Sections 204-4 and 204-5 of the *Medway Site Plan Rules and Regulations*
- _____ One (1) ledger size (11" x 17") copy of the ARCPUD Site Plan
- _____ Electronic Version of the Site Plan and all associated application documents including the stormwater and traffic reports, narratives, etc. Provide disk or flash drive or email
- _____ Certified Abutters List from the Medway Assessor's office – for 500 feet around the subject property – Form E

- _____ One (1) copy of a *Project Narrative* as described in Section 303-4 A. (13) of the *Medway ARCPUD Plan Rules and Regulations*. This Narrative description should also explain how the proposed project meets the requirements of the Medway Zoning Bylaw for parking and exterior lighting
- _____ One (1) copy of an *Affordable Housing Narrative* to explain how the proposed development will meet the affordable housing requirements of the Medway Zoning Bylaw
- _____ One (1) copy of a *Development Impact Statement* as described in Section 204 - 3, 7) of the *Medway Site Plan Rules and Regulations*
- _____ Request for Waivers from the provisions of *Medway ARCPUD Rules and Regulations* and the *Site Plan Rules and Regulations* - Form Q
- _____ Two (2) copies of the *Stormwater Drainage Calculations/Report* prepared in conformance with Section 204 – 3, 3) of the *Site Plan Rules and Regulations*
- _____ Two (2) copies of the traffic study, depending on the size and scope of the proposed development project
- _____ One (1) copy of all relevant approvals received to date from other Town boards/committees/departments (if any)
- _____ Proof of present or pending ownership of all land within the proposed development
- _____ Street Naming Application for review of proposed street names by the Medway Street Naming Committee
- _____ ARCPUD Special Permit Filing Fee – Payable to Town of Medway
- _____ Advance of Plan Review Fee – Payable to Town of Medway

Revised 6-23-2020