



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

Application for Approval of Special Permit

INSTRUCTIONS TO APPLICANT/OWNER

This Application is made pursuant to the Medway Zoning Bylaw.

The Town's Planning and Engineering Consultants will review the Application and associated submittals 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 meeting.

You and/or your duly authorized Agent/Official Representative are expected to attend the Board meeting at which your Application will be considered to answer any questions and/or submit such additional information as the Board may request.

Your absence may result in a delay the Board's review of the special permit application.

April 13, 2022

APPLICANT INFORMATION

Applicant's Name: Lobisser Companies

Mailing Address: 1 Charlesview Road
Hopedale, MA 01747

Name of Primary Contact: Kevin Lobisser

Telephone: Office: 508-478-6235 Cell: 508-294-3177

Email address: kevin@lobissercompanies.com

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

PROPERTY INFORMATION

Location Address: 86 Holliston Street

The land shown on the plan is shown on Medway Assessor's Map #⁴¹ as Parcel #⁸

Size of Development Parcel(s): 2.2 Acres

✓ Development Name: Milford Regional Medical Center

General Description of Property: See attached

Medway Zoning District Classification: Central Business District

TYPE OF SPECIAL PERMIT

As provided in the following Section(s) of the Medway Zoning Bylaw. List all that apply.
Zoning Bylaw Section 5.6.3(E)(3)(e) Groundwater Protection District - Uses and
Activities Requiring a Special Permit - Rendering more than 15% impervious

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner's Name: Freil Realty II, LLC
Mailing Address: 86 Holliston Street
Medway, MA 02053
Primary Contact: David Cassidy
Telephone: ☒ Office: 508 533 - 8939 Cell: 508 - 493 - 8939
Email address: dcassidy518@gmail.com

OFFICIAL REPRESENTATIVE INFORMATION

Name: Guerriere & Halnon, Inc.
Address: 55 West Central Street
Franklin, MA 02038
Telephone: Office: 508-528-3221 Cell: _____
Email address: acavaliere@gandhengineering.com

SIGNATURES

The undersigned, being the Applicant, herewith submits this application for a special permit(s) to the Medway Planning and Economic Development Board for review and action.

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 under consideration.

(If applicable, I hereby authorize Guerriere & Halnon, Inc. to serve as my Agent/Official 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 other Town boards and committees to access the site during the special permit review process.

✓ [Signature]
Signature of Property Owner

4/13/22
Date

✓ [Signature]
Signature of Applicant (if other than Property Owner)

4/15/22
Date

[Signature]
Signature of Agent/Official Representative

4/19/22
Date

SPECIAL PERMIT APPLICATION/FILING FEES

There is no separate special permit application fee when the project also requires site plan review.

SPECIAL PERMIT APPLICATION CHECKLIST

It is understood that the applicant shall also file a corresponding application for Site Plan Review and Approval with all required submittals.

X

Complete and detailed narrative on how the proposed development project meets the special permit criteria included in the Medway Zoning Bylaw, SECTION 3.4 Special Permit Criteria AND any specific criteria included in the particular section(s) of the Zoning Bylaw for which a special permit is sought.