



Planning & Economic Development Board Town of Medway, MA

Adaptive Use Special Permit Application

INSTRUCTIONS TO APPLICANT/OWNER

This Application is made pursuant to the Medway Zoning Bylaw Section 5.6.2 Adaptive Use Overlay District (AUOD) and Massachusetts General Laws chapter 40A, section 9 – Special Permits.

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.

_____, 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.*)

PROPERTY INFORMATION

Location Address: _____

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

Size of Development Parcel(s): _____

The owner's title to the land that is the subject of this application is derived under a deed from:

to _____ dated _____

and recorded in the Norfolk County Registry of Deeds, Book _____, Page _____ or
Land Court Certificate of Title # _____ registered in Norfolk County
Land Registry District Volume _____, Page _____.

Medway Planning and Economic Development Board
AUOD Special Permit Application

General Description of Property and Building(s) _____

Medway Zoning District Classification: _____

Current Use of Property: _____

Length of Frontage: _____ On what street? _____

Setbacks for Existing Structure (if applicable)

Front: _____ Side: _____

Back: _____ 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 located within a Wetland Resource Area?

____ Yes ____ No

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

Flood Plain - Is any portion of the property within a Designated Flood Plain?

____ Yes ____ No

PROPOSED PROJECT INFORMATION

Development Name: _____

Plan Title: _____

Plan Date: _____

Prepared by: _____

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? ____ How many? ____

What types of business uses are proposed? _____

Project Narrative – Prepare and attach a separate document. This shall be a detailed description of all aspects of the proposed AUOD project. See Medway Zoning Bylaw – SECTION 5. USE REGULATIONS, Sub-Section 5.6.2 Adaptive Use Overlay District. Describe how the proposed development projects meets the Use Regulations, Site Development Standards, and Special Permit Decision Criteria.

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner's Name: _____

Mailing Address: _____

Primary Contact: _____

Telephone: _____
Office: _____ Cell: _____

Email address: _____

AGENT or OFFICIAL REPRESENTATIVE INFORMATION

Name: _____

Address: _____

Telephone: _____
Office: _____ Cell: _____

Email address: _____

Relationship to Applicant: _____

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: _____

SIGNATURES

The undersigned, being the Applicant, herewith submits this application for an Adaptive Use Special Permit 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 _____ to serve as my *Agent/Official Representative* to represent my interests before the 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 of Property Owner	_____ Date
_____ Signature of Property Owner	_____ Date
_____ Signature of Applicant (if other than Property Owner)	_____ Date
_____ Signature of Agent/Official Representative	_____ Date

SPECIAL PERMIT APPLICATION/FILING FEES

\$750 plus \$.25/sq. ft. gross floor area plus a \$1,000 advance toward consultants' plan review fees

ADAPTIVE USE SPECIAL PERMIT APPLICATION CHECKLIST

- _____ Adaptive Use Special Permit Application (2 signed originals)
- _____ One full size (24" x 36") and two 11" x 17" copies of the Site Plan prepared in accordance with the Medway Site Plan Rules and Regulations
- _____ Project Narrative
- _____ Electronic version of the application, Site Plan and all associated documents. Provide a flash drive or email.
- _____ Certified Abutters List from the Medway Assessor's office for owners of property within 300 feet of the subject property.

Updated 10.18.2023