



TOWN OF FRAMINGHAM PLANNING BOARD
FORM L - SPECIAL PERMIT

2014 DEC 24 P 12:49
TOWN CLERK
FRAMINGHAM
Town Clerk Stamp

Planning Board Office
150 Concord Street, Room B-37 - Framingham MA 01702
(508) 532-5450

| | | | |
|-----------------|-----------------|----------------------|-------------|
| Office Use Only | Project Number: | Public Hearing Date: | Filing Fee: |
|-----------------|-----------------|----------------------|-------------|

Property Address: 1 Worcester Road

Submission Type (Check all that apply)

| | | |
|--|---------------------------------------|--|
| Special Permit | <input type="checkbox"/> | Use (II.B) |
| | <input checked="" type="checkbox"/> | Reduction in the Required Number of Off-Street Parking Spaces (IV.B.1 <u>C</u>) |
| | <input type="checkbox"/> | Dimensional Relief to Off-Street Parking Design Standards (IV.B.3.g) |
| | <input type="checkbox"/> | Location of Facilities (IV.B.2) |
| | <input type="checkbox"/> | Off-Street Loading (IV.C. <u> </u>) |
| | <input type="checkbox"/> | Historic Re-Use (V.B) |
| | <input type="checkbox"/> | Open Space Residential Development (V.F) |
| | <input type="checkbox"/> | Mixed Use Regulations (V.G) |
| | <input type="checkbox"/> | Affordable Housing (V.H) |
| | <input type="checkbox"/> | Active Adult Housing (V.I) |
| | <input checked="" type="checkbox"/> | Drive-Thru Facility Regulations (V.J) |
| | <input type="checkbox"/> | Neighborhood Cluster Development (V.K) |
| | <input type="checkbox"/> | Agriculture Preservation Development (V.M) |
| | <input type="checkbox"/> | Open Space Cluster Development (V.N) |
| <input type="checkbox"/> | Other (<u> </u>) | |
| <input type="checkbox"/> | Other (<u> </u>) | |
| <input type="checkbox"/> | Other (<u> </u>) | |
| <input type="checkbox"/> Chapter 43D Application | | |

Property Information

| |
|---|
| Current Use of Property: <u>Retail</u> |
| Proposed Use of Property: <u>Retail</u> |

Submittal requirements can be found in each permit's respective section of the Framingham Zoning By-law

Town of Framingham Planning Board
www.Framinghamma.gov
Monday-Friday, 8:30am - 5:00pm

Describe your request under section V.B.1.C. :

See Attached Project Impact Statement.

Describe your request under section V.J. :

See Attached Project Impact Statement.

Describe your request under section _____ :

Describe your request under section _____ :

(if filling out FORM E, page 3 is not required)

N/A

Project Information

| | |
|---------------------------|--------|
| Attorney Name: | Email: |
| Mailing Address: | Phone: |
| Project Engineer Name: | Email: |
| Mailing Address: | Phone: |
| Traffic Engineer Name: | Email: |
| Mailing Address: | Phone: |
| Stormwater Engineer Name: | Email: |
| Mailing Address: | Phone: |
| Landscape Architect Name: | Email: |
| Mailing Address: | Phone: |

Zoning Data

| Please refer to the Framingham Zoning By-law Section I.E. Definitions and Section IV.E. Dimensional Requirements for additional information | | | |
|---|----------|----------|----------|
| | Existing | Proposed | Required |
| Lot Area (square feet/acres) | / | / | / |
| Frontage of Property (feet) | | | |
| Front Setback (feet) | | | |
| Side/Rear Setback (feet) | | | |
| Minimum Landscape Open Space Surface Ratio (%) | | | |
| Building Height (feet) | | | |
| Lot Coverage (%) | | | |
| Gross Floor Area Ratio of Building(s) | | | |
| Floor Area Ratio (gross floor area of buildings(s) ÷ size of parcel) | | | |
| Number of Parking Spaces | | | |
| Handicap Parking Spaces | | | |
| Bicycle Parking Spaces | | | |
| Loading Spaces | | | |
| Number of Loading Bay | | | |