



Framingham Planning Board
Uniform Special Permit Application

Date of Application: _____

Special Permits Requested:

Identify Applicable Site Plan Review pursuant to the Framingham Zoning By-Law:

- | | |
|--|--|
| <input type="checkbox"/> Use Section III. _____ | <input type="checkbox"/> Open Space Residential Dev. Section IV.M. |
| <input type="checkbox"/> Active Adult Housing Section IV.P. | <input type="checkbox"/> Bonus Density Provisions Section IV.K.9. |
| <input type="checkbox"/> Planned Unit Development Section IV.J. | <input type="checkbox"/> Modification/Extension Request |
| <input type="checkbox"/> Proximity To Principal Use Section IV.B.2.a. | <input type="checkbox"/> Other (please indicate) _____. |
| <input type="checkbox"/> Reduction In The Required Number Of Parking Spaces Section IV.B.1.c. | |
| <input type="checkbox"/> Dimensional Relief To Off-Street Parking Design Standards Section IV.B.3.g. | |
| <input type="checkbox"/> Increase Floor Area Ratio (FAR) Sections III.C.1.f, III.C.2.f, IV.K.5.b. | |
| <input checked="" type="checkbox"/> Land Disturbance Section IV.H.2. | |

General Contact Information:

Note: all correspondence will be forwarded to the project contact only

Owner's name: CAROT HOMES LLC phone: 617-964-7477
 Owner's address: 64 DORCAR RD fax: _____
(number and street, town or city, state, zip code)
 Applicant's name: THOMAS T. REVURE phone: 774-535-2920
(if other than owner)
 Applicant's address: 63 AUBURN STREET AUBURN MA Max: _____
(number and street, town or city, state, zip code)
 Project contact's name: SAMIE ⁶¹⁵⁰¹ phone: SAMIE
(if other than owner or applicant)
 Project contact's address: _____ fax: _____
(number and street, town or city, state, zip code)
 Project contact's e-mail: TOM@BUILDERSREALTY.NET

General Property Information:

Address of lot or parcel: 133 WARREN ROAD precinct#: 13
 Framingham assessor's plan: sheet# 0094, block# 94, lot(s)# 0001A
 sheet# 48, block# _____, lot(s)# _____
 The record title stands in the name of: CHARLOTTE MANN + JOSEPH PATTON
 Parcel size (square feet/acres): 13484
 Gross floor area of building(s) on the site (see Section I.E.1. Of the Zoning By-Laws): 2033
 Floor area ratio (gross floor area of building(s) ÷ size of parcel): 6.63
 Current zoning of property: SF
 Current use of property: VACANT LOT
 Proposed use of property (if different): CONSTRUCT SINGLE FAMILY HOME

Project Description:

Brief description of project (attach additional pages as necessary): Single Family Home

Parking Information:

Minimum number of parking spaces required (see Section IV.B.1.a. of the Zoning By-law): NA
Number of existing parking spaces: NA
Number of additional parking spaces proposed: NA
Method of calculating required number of off-street parking spaces to be provided: NA
(include no. of employees, occupants, dwelling units, seating capacity, gross floor area, etc., as applicable)

Fiscal Information:

Current assessed value of site: 90,000
Estimated value of project-related improvements: 300,000
Current total local tax revenue from site: _____
Estimated post-development local tax revenue: _____
Estimated number of project related jobs created: construction NA
permanent/part time NA

Requested Waivers from Submission Requirements:


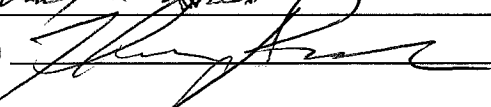
Please submit written explanation with supporting documentation (if applicable) for all Waivers requested with this application.

Other Applicable Local, State and Federal Permits and Approvals:

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	The Building Commissioner has reviewed this application/plans? <i>(Original written determination <u>must</u> be provided, form attached)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The lot is on a Scenic Road? <i>(see Article VI, Section 10 of the Town of Framingham' General By-Laws)</i> <i>(If yes, The applicant must indicate if any repair, maintenance, reconstruction, paving work or other activities result in the cutting or removal of trees, or the tearing down or destruction of stone walls, or portions thereof. A Modification to a Scenic Road application may need to be filed.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The project impacts Public Shade Tree as protected by MGL c. 87, Sect. 3.?
<input type="checkbox"/>	<input type="checkbox"/>	The project involves alteration or demolition of buildings which are at least 50 years old? <i>(If yes, the applicant must obtain a determination of historical or architectural significance from the Framingham Historical Commission in conformance with Article V. Section 17A. of the Town of Framingham' General By-Laws.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The lot is situated in an historic district? <i>(see Article V. Section 5. of the Town of Framingham's General By-Laws)</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The proposal has an impact on interests and values protected by the Framingham Wetland Protection By-Law? <i>(see Article V. Section 18. of the Town of Framingham's General By-Laws.)</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The project is located in a designated federal Floodplain Hazard Zone?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The project has received or will require a special permit(s) from the Zoning Board of Appeals? <i>(Please attach a copy)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The Project has received or will require a variance(s) from the Zoning Board of Appeals? <i>(Please attach a copy)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The Project will require a Street Opening Permit from the Board of Selectmen?
<input type="checkbox"/>	<input type="checkbox"/>	The Project will require a Massachusetts Highway Department Permit?
<input type="checkbox"/>	<input type="checkbox"/>	The Project will require a Public Way Access Permit? <i>(see Article VI., Section 8. of the Town of Framingham's General By-Laws.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	The Project is subject to the Highway Overlay District Regulations IV.K.?
<input type="checkbox"/>	<input type="checkbox"/>	The Project is subject to the Mixed Use Regulations IV.N.?
<input type="checkbox"/>	<input type="checkbox"/>	The Project is subject to the Affordable Housing By-Law, IV.O.?
<input type="checkbox"/>	<input type="checkbox"/>	The Project is subject to the Automatic Carwash/Self-service Carwash, IV.J.?
<input type="checkbox"/>	<input type="checkbox"/>	The Project has received/apply for Wireless Communication Approval?
<input type="checkbox"/>	<input type="checkbox"/>	The Project is requires a National Pollutant Discharge Elimination System (NPDES permit)?
<input type="checkbox"/>	<input type="checkbox"/>	The Project is a designated Brownfield Site and/or subject of a 21E Survey?
<input type="checkbox"/>	<input type="checkbox"/>	This Property was subject to a prior Permit(s) and/or Approval(s) issued by the Planning Board? <i>(Please indicate permits and approvals)_____.</i>
<input type="checkbox"/>	<input type="checkbox"/>	This Application is subject to the Central Business Design Standards? <i>(Article 17 of the Planning Board Administrative Rules and Regulations)</i>

Certification:

The Planning Board is entitled to rely on this representation as being the full and complete statement of the applicant(s)/owner. Therefore, the undersigned certifies that the information provided on the plan, this application, including appendices, and the information contained in any required impact statements is a true and accurate representation of facts pertinent to the subject parcel of land and proposed development/project.

Signature of Applicant/Owner  Date: 11/20/13
 Signature of Applicant (Non-Owner)  Date: 11-20-13

To be completed by Town Treasurer:

♦**Note:** In accordance with Article IX of the By-Laws of the Town of Framingham, the Planning Board may withhold permits and approvals in the event that an applicant has neglected to pay local taxes, fees, assessments or other municipal charges. In order to satisfy the objective of this By-Law, Town Treasurer's Signature must be obtained below to verify that no such outstanding charges have accrued relative to this application. This application will not be accepted without the following confirmation:

The signature below confirms that the applicant/owner has paid all local taxes, fees, assessments or other municipal charges and has no outstanding obligations due the Town Of Framingham.



Town Treasurer

Date of Signature

11/25/13

To be completed by the Framingham Planning Board:

Date completed application received: _____

Date application distributed to other boards/departments: _____

Filing fee of: _____

Paid: _____

Scheduled hearing date: _____

Advertisement date(s): _____

publication _____

Affidavit of notice submitted on: _____

date abutter's notice mailed _____

Decision: _____

Date of decision: _____



TOWN OF FRAMINGHAM
Inspectional Services Division

Department of Building Inspection
Memorial Building, Room 203
150 Concord Street
Framingham, Massachusetts 01702-8368

Michael F. Foley, C.B.O.
Building Commissioner

Telephone: 508-532-5500
Fax: 508-532-5501
Email: Building.Dept@FraminghamMa.gov

Building Department
Section IV.I.4.a Recognition Form

To: John Grande
From: Mike Foley
Re:
Date:

In accordance with Section IV.I.4.a of the Framingham Zoning By-Law, prior to the filing an application with the Planning Board, the applicant, as defined in Section I.E.1 herein, shall seek the Building Commissioner's review and advice to confirm which pertinent sections of the Zoning By-Law apply. The Building Commissioner's signature must be obtained below to confirm that this review has been completed. This application will not be accepted without the following confirmation:

The signature below confirms that the applicant/owner has provided information and I have advised the applicant of the necessary permits required. Land DIST. & Z.B.A. SP.

Michael H. Turner
Building Commissioner

12/4/13
Date of Signature