

To be completed by Planning Office

Application No.:

Fee Paid:

Date Completed and Filed:

Town Clerk's Stamp



Planning Board  
Town of Maynard  
195 Main Street, Maynard, MA 01754  
Tel: 978-897-1302 [www.townofmaynard.net](http://www.townofmaynard.net)

## Application for Special Permit

This is an application for Special Permit approval as provided for in Section 10 of the Zoning Bylaws of the Town of Maynard

Please file completed form with the Office of Municipal Services. The following materials are also required:

- Fees as determined in Appendix "A" (current Planning Board Fee Schedule).
- An abutter list and map from the Property Assessor's Office.
- Six copies of all Site Plan materials. Four sets shall include full size plans (approx 2' x 3'). All other plans may be 11 x 17. Additional copies may be requested.
- An electronic copy of all plans and materials.
- All plans, surveys and other materials must be prepared consistent with requirements as listed in the Planning Board Rules and Regulations. Failure to provide materials may result in delay of application processing.

Date: \_\_\_\_\_

Applicant (print): Maynard Crossings JV LLC

Applicant address: 259 Turnpike Road Suite 100, Southborough MA 01772

Applicant phone and e-mail: 508-229-1808 permitting@cgpllc.net

Property Owner (print): Maynard Crossings JV LLC

Property Owner address: 259 Turnpike Road Suite 100, Southborough MA 01772

Property Owner phone/e-mail: 508-326-1810 wad@cgpllc.net

Plan prepared by (Engineer/Architect/ Property Surveyor): Bohler Engineering Date \_\_\_\_\_

Address: 352 Turnpike Road, Southborough MA 01772 License #: \_\_\_\_\_

Phone: 508-480-9900

Email: \_\_\_\_\_

Location of Site:

Assessor's Map # 25 Parcel # 152.1 Zoning District NBOD Size of Existing Buildings, if applicable \_\_\_\_\_

Present use of site: \_\_\_\_\_

The property is currently under construction for 180 Residential apartments, 141 Independent living units, and an existing building of 51,480 SF.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application for Special Permit (continued)**

**Justification Statement:** please attach a complete explanation of the request on a separate sheet. Please note: Special Permits may only be granted if the issuing authority determines the adverse effects of the proposed use will not outweigh the beneficial impacts to the town or neighborhood. Specifically Section 10.4.2 of the Maynard Zoning Bylaws "Special Permit Criteria" requires the determination must address:

1. Social, economic, or community needs which are served by the proposal;
2. Traffic flow and safety, including parking and loading;
3. Adequacy of utilities and other public services;
4. Neighborhood character and social structures;
5. Impacts on the natural environment; and
6. Potential fiscal impact, including impact on town services, tax base, and employment.

Additionally, the following points, based on Massachusetts General Laws, Chapter 40A, Section 9, should be identified and factually supported within the Justification Statement and verbally at the hearing:

1. The particular type of Use proposed for the Property or Structure, if any;  
The conditions and character of operations of the proposed Use which show that it will be in harmony
2. with the general purpose and intent of the District and the By-Laws; and
3. The nature of the proposed Use in relation to both the general and specific provisions of the Bylaws governing that Use and the District it is located.

The Justification Statement should clearly address how the request affects these factors.

**Supplementary Information:** It is encouraged for the Applicant to provide any letters of support, photos, drawings or other materials that may assist the Board in making a determination.

Failure to present evidence in one or more of the foregoing areas may result in the petition being denied by the Planning Board. The Planning Board cannot draw from the petitioner the necessary evidence to grant the petition if improperly presented.

I hereby request a hearing before the Planning Board with reference to the above Application.

*Signature of Applicant(or Representative):* \_\_\_\_\_

*Date:* 2/5/20

Address (if not Applicant): \_\_\_\_\_

Phone/e-mail: \_\_\_\_\_

508-326-1810 wad@cgpllc.net

*Signature of Owner (if not Applicant):* \_\_\_\_\_

*Date:* \_\_\_\_\_

Address (if not Applicant): \_\_\_\_\_

Phone/e-mail: \_\_\_\_\_