

TOWN OF HOPKINTON
Planning Board

SENIOR HOUSING DEVELOPMENT
CONCEPT PLAN SPECIAL PERMIT APPLICATION

DATE: _____

PROJECT NAME: _____

NAME OF APPLICANT: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

NAME OF DESIGN PROFESSIONAL: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

Zoning District (Circle applicable zones): Residence B Residence-Lake Front
 Residence A Agricultural

Parcel Frontage (contiguous feet) _____

Total Parcel Size (acres) _____

Total Usable Area - see bylaw for definition (acres) _____

Total Open Space (acres) _____

Total Wetlands (acres) _____

Wetlands in Open Space (acres) _____

Recreation Area (acres) _____

Number of Dwelling Units: _____

 Number of Attached Units: _____

 Number of Detached Units: _____

Number of Bedrooms/Acre of Usable Land: _____

Number of 1 Bedroom Units _____

Number of 2 Bedroom Units: _____

Size of Dwelling Units (square feet): _____

Number of Dwelling Units/Building: _____

Number of Parking Spaces Required: _____

Number of Parking Spaces Proposed: _____

Proposed Ownership of Open Space and Recreation Area: _____

Proposed Ownership of Units (apartment, condominium or other): _____

How will the Open Space portion of the site be preserved in perpetuity?

Submission Checklist - See Senior Housing Submission Requirements and Procedures Manual for Details

- _____ Administrative Fee
- _____ Consultant Review Deposit
- _____ Certified List of Abutters
- _____ One stamped envelope for each abutter with postage sufficient for sending certified mail, return receipt requested
- _____ Narratives
- _____ 7 copies of plan

A copy of this application must be filed by the applicant with the Hopkinton Town Clerk.

TOWN OF HOPKINTON
Planning Board

SENIOR HOUSING DEVELOPMENT
SITE PLAN APPLICATION

(Use only if a Senior Housing Concept Plan Special Permit has been issued.)

DATE: _____

PROJECT NAME: _____

NAME OF APPLICANT: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

NAME OF DESIGN PROFESSIONAL:

ADDRESS: _____

DAYTIME TELEPHONE: _____

Zoning District (Circle applicable zones): Residence B Residence-Lake Front
 Residence A Agricultural

Parcel Frontage (contiguous feet) _____

Total Parcel Size (acres) _____

Total Usable Area - see bylaw for definition (acres) _____

Total Open Space (acres) _____

Total Wetlands (acres) _____

Wetlands in Open Space (acres) _____

Recreation Area (acres) _____

Number of Dwelling Units: _____

 Number of Attached Units: _____

 Number of Detached Units: _____

Number of Bedrooms/Acre of Usable Land: _____

Number of 1 Bedroom Units _____

Number of 2 Bedroom Units: _____
Size of Dwelling Units (square feet): _____
Number of Dwelling Units/Building: _____

Number of Parking Spaces Required: _____
Number of Parking Spaces Proposed: _____

Proposed Ownership of Open Space and Recreation Area: _____

How will the Open Space portion of the site be preserved in perpetuity?

What method of sewage disposal will be utilized? _____

Number and size of proposed signs: _____

Will the project be constructed in phases? _____ If yes, please describe each phase _____

When is construction projected to begin? _____
When will construction be completed? _____

Submission Checklist - See Garden Apartment Submission Requirements and Procedures Manual for Details

- _____ Administrative Fee _____ Consultant Review Deposit
- _____ Certified List of Abutters
- _____ One stamped envelope for each abutter with postage sufficient for sending certified mail, return receipt requested
- _____ Narrative
- _____ Traffic Study
- _____ Environmental Analysis
- _____ 7 copies of plan

A copy of this application must be filed by the applicant with the Hopkinton Town Clerk.