



CITY OF SOMERVILLE
 Joseph A. Curtatone, Mayor
 Office of Strategic Planning and Community Development (OSPCD)
 City Hall . 93 Highland Avenue . Somerville, MA 02143
 617.625.6600 ext. 2500

City Clerk Stamp

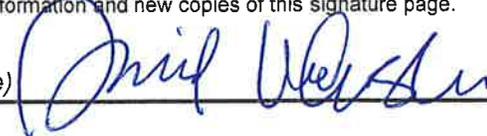
Office Use: Case #	PB Date	ZBA Date	Filing Fee	Ad Fee
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Please review the application information sheet. Complete applications must be submitted to the City Clerk's Office. Failure to submit all required information is grounds for denial of the request. If this form does not provide adequate space for your response, please attach additional sheets of paper.

1. Property Information						
Street Address(es) 301 ARTISAN WAY	Zoning District(s) A-SMUD	Overlay District(s), if any N/A	Ward 1			
Assessor's: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MBL 85</td> <td style="width: 33%;">Block A</td> <td style="width: 33%;">Lot 10</td> </tr> </table>		MBL 85	Block A	Lot 10	If there are multiple MBLs, enter the remainder in Section 5.	
MBL 85	Block A	Lot 10				
Please indicate the name of the individual, individuals, corporation or trust that owns the property:						
Property Owner's Name FEDERAL REALTY INVESTMENT TRUST	Complete Mailing Address 5 MIDDLESEX AVE 4TH FLOOR	Phone Number(s) 617-6	Email DWEBSTER@FEDERALREALTY.COM			
Please indicate the name of the individual, individuals, corporation or trust that is applying (please note that the applicant should be the intended user or developer):						
Applicant's Name EXPRESS	Complete Mailing Address ONE EXPRESS DRIVE COLUMBUS, OH 43230	Phone Number(s) JON THOMPSON 614.474.4908	Email JOTHOMPSON@EXPRESS.COM			
Please indicate the contact information for any agent, engineer or architect that will represent this application who may represent the owner and/or applicant in this application review process:						
Agent's Name (if applicable) Attorney or Other Agent	Complete Mailing Address	Phone Number(s)	Email			
Architect's Name (if applicable) SHREMSHOCK - MIKE PHILIPS	Complete Mailing Address 6130 S. SUNBURY RD. WESTERVILLE, OH 43081	Phone Number(s) 614.545.4550 X 215	Email MPHILIPS@SHREMSHOCK.COM			
Engineer's Name (if applicable)	Complete Mailing Address	Phone Number(s)	Email			

2. Submission Type	
Check all that apply	
<input checked="" type="checkbox"/>	Variance SIGNAGE ONLY
<input type="checkbox"/>	Special Permit (SP)
<input type="checkbox"/>	Special Permit with Design Review (SPD)
<input type="checkbox"/>	Special Permit with Site Plan Review (SPSR)
<input type="checkbox"/>	Planned Unit Development (PUD) – Preliminary Master Plan Submission (PMP) / Special Permit with Site Plan Review (SPSR)
<input type="checkbox"/>	Subdivision or other Site Plan Approval
<input type="checkbox"/>	Comprehensive Permit under MGL Chapter 40B – Inclusionary Housing Development (follow SPSR submission and contact the Housing Director at 617.625.6600 ext. 2560)
<input type="checkbox"/>	Revision to Special Permit (only if certificate of occupancy or final sign-off is not yet received)
<input type="checkbox"/>	Administrative Appeal
<input type="checkbox"/>	Extension of Approval

APPLICATION
For Planning Board and Zoning Board of Appeals Approval

3. Required Signatures		
NOTE: NO APPLICATION SHALL BE ACCEPTED AS COMPLETE WITHOUT THE REQUIRED SIGNATURES		
Owner Signature (if the project site has more than one owner, please supply additional copies of this page if necessary):		
As Owner, I make the following representations:		
1)	I hereby certify that I am the owner of the property at <u>301 ARTISAN WAY SOMERVILLE MA 01945</u>	
2)	I hereby certify that the applicant named on this application form has been authorized by me to apply to develop and/or use the property listed above for the purposes indicated in this application	
3)	I hereby certify that the agent, engineer and/or architect listed on this application form have been authorized to represent this application before the Planning Staff, the Planning Board and/or the Zoning Board of Appeals.	
4)	I will permit Planning Staff to conduct site visits on my property.	
5)	Should the ownership of this parcel change before the board(s) have acted on this application, I will provide updated information and new copies of this signature page.	
 (sign here) 		
This property is owned by (check one):		
<input type="checkbox"/>	An individual	<ul style="list-style-type: none"> • attach deed • application to be signed by owner
<input type="checkbox"/>	More than one individual, or a partnership	<ul style="list-style-type: none"> • attach deed • application to be signed by all owners
<input checked="" type="checkbox"/>	A corporation or LLC	<ul style="list-style-type: none"> • attach deed and corporate articles of organization • application to be signed by an officer authorized to do so by the corporation
<input type="checkbox"/>	A trust	<ul style="list-style-type: none"> • attach deed and certificate of trust • application to be signed by authorized trustee

Applicant Signature (if the applicant is the owner, the owner should also sign below):		
As Applicant, I make the following representations:		
1.)	The information supplied on and with this application form is accurate to the best of my knowledge.	
2.)	If the current use of the property is a nonconforming use, I will furnish proof to the satisfaction of the SPGA that the nonconforming use is legal.	
3.)	I will make no changes to the approved project plans without the prior approval of the SPGA.	
4.)	If the proposed project is subject to linkage (SZO Article 15), I will sign all documents required by the Planning Staff/SPGA governing the amount and the method of payment of the linkage fee.	
5.)	I will return the notice sign or pay for its replacement.	
6.)	I will pay the fees associated with advertising the case in the newspaper and mailing notices to abutters.	
7.)	I hereby certify that the agent, engineer and/or architect listed on this application form have been authorized by me to represent me before the Planning Staff, the Planning Board and/or the Zoning Board of Appeals as it relates to the development and/or use of this property.	
 (sign here) _____		
Indicate applicants relationship to owner:		
This applicant is (check one):		
<input type="checkbox"/>	An individual	<ul style="list-style-type: none"> • application to be signed by applicant
<input type="checkbox"/>	More than one individual, or a partnership	<ul style="list-style-type: none"> • application to be signed by all applicants
<input checked="" type="checkbox"/>	A corporation or LLC	<ul style="list-style-type: none"> • application to be signed by an officer authorized to do so by the corporation • attach corporate articles of organization
<input type="checkbox"/>	A trust	<ul style="list-style-type: none"> • application to be signed by authorized trustee • attach certificate of trust

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4. Applicable Section(s) of Zoning Ordinance and Prior Zoning Approvals
You may refer to the Inspectional Services Denial Letter for the section of the Zoning Ordinance cited.
N/A
5. Met with Planning Department Staff to review application requirements.
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, date <u>AUGUST 27, 2014</u>
6. Met with Engineering Department Staff to review application requirements.
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date
7. Existing Conditions Description
Briefly describe existing structure(s) and/or use(s). Include number of employees, occupants and hours of operation, if applicable.
THIS IS A SIGN LOCATED ON THE EXPRESS STORE LOCATED AT HOURS 10 AM - 10 PM APPROX. 301 ARTISAN WAY
8. Proposal Description
A. Briefly describe any changes in the structure(s) and/or use(s). Include whom the project is intended to serve, expected number of employees, and/or occupants and hours of operation, if applicable. In the CCD or TOD districts also include the square footage that will be allocated to each use cluster and associated parking.
THIS IS A SIGN LOCATED AT 301 ARTISAN WAY
B. Explain any green building practices that you are using. Please consult the Environmental Protection Agency's Residential Green Building Guide for ideas (www.epa.gov/ne/greenbuildings).
N/A
C. Is the proposal for a multi-family residence of three or more units, or for a place of public accommodation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, submit an Accessibility Narrative listed under Checklist of Required Information.
D. Are you demolishing a commercial structure or moving soil? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Identify and list any 21E reports and other environmental assessments, analysis, clean-up studies, enforcement actions and any other environmental documentation that is available for the property, including documentation on underground storage tanks. Attach copies of all identified documents. Failure to identify and attach these documents, if applicable, will result in an application being deemed incomplete.
N/A
If you discover an underground storage tank you must call the Somerville Fire Department immediately.

OK - N/A

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9. Zoning Data						
Refer to the SZO § 2.2 Definitions and SZO § 8 Dimensional Requirements for more information.						
Data	Existing	Proposed	Allowed	Existing or Permitted Nonconformity	New Violation	SZO Section Cited
	Fill in both columns: numbers must match those on plans and other attached documentation.		Office Use			
A. Use		X				
B. # of Dwelling Units*		1				
C. Lot Area		113,138				
D. Lot Area ÷ # of Dwelling Units						
E. Gross Floor Area of Footprints of All Buildings						
F. Ground Coverage (E. ÷ C.)						
G. Landscaped Area (landscaped area ÷ C.)						
H. Pervious Area (pervious area ÷ C.)						
I. Net Floor Area** / *** (sum of all usable square feet)						
J. Floor Area Ratio (FAR) (I. ÷ C.)						
K. Building Height		10				
L. Front Yard Setback		5.66				
M. Rear Yard Setback		3.64				
N. Side Yard Setback (left when you face property)		9.08				
O. Side Yard Setback (right when you face property)						
P. Street Frontage		146				
Q. # of Parking Spaces						
R. # of Bicycle Parking Spaces						
S. # of Loading Spaces						
* 8 or more dwelling units - determine if Inclusionary Housing, Article 13, applies						
** In CCD and TOD use GROSS floor area						
*** 30,000+ square feet - determine if Linkage, Article 15, applies						

* TENANT IS 7,067 SQUARE FEET.

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10. Checklist of Required Information									
<p>This checklist will help you determine what you need to submit with this application form. Find the column for your submission type. The rows contain the number of copies of each item that you must submit and "Y" indicates include one copy. For each item check the column 'included' if you are submitting it or the 'Waiver Requested' column for items that are not applicable to your proposal. Planning Staff may contact you to submit items for which you are requesting a waiver. If your application includes more than one type, submit the greatest number of copies listed. Please submit plans and other documentation electronically on a CD, flash drive or via email in addition to hard copies noted below.</p> <p>Checklist key: # = # of copies Y = include 1 copy I/A = if applicable include 1 copy N/A = not applicable SPSR-A = SPSR in Assembly Sq. Mixed-Use District TOD = Transit Oriented District CCD = Corridor Commercial District †† = within 500 feet of property</p>									
	Variance	SP / SPD	SPSR	PUD PMP	Subdivision	Revision to SP	Included	Waiver Requested	
Application Form & Supplemental Questions	3	3	3	3	3	3	<input type="checkbox"/>	<input type="checkbox"/>	
Denial Letter from Inspectional Services Division – if you received one	I/A	I/A	I/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Recorded Deed(s) to all properties involved in the project	1	1	1	N/A	1	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Fees for Filing, Advertising & Abutter List. See fee schedule on application information sheet. Submit 3 separate checks or money orders payable to the City of Somerville or cash.	Y	Y	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>	
Abutter List from neighboring municipality if your property is less than 300' from the Somerville boundary. Obtain list from neighboring municipality of the property owners' names and addresses that are within 300' of your property.	I/A	I/A	I/A	I/A	I/A	I/A	<input type="checkbox"/>	<input type="checkbox"/>	
✓ Site Plans See appropriate Site Plan Review Checklists: (located in forms library under Planning and Zoning and Engineering): <ul style="list-style-type: none"> • alterations with no change in footprint • residential additions or structures with <250 sf footprint • residential additions or structures with >250 sf footprint and all commercial additions or structures 	3	3	3	3	3	3			
	3 hard copies at initial filing, 8-10 copies at final filing								
✓ Elevations front, side and rear of building(s) and signage with vertical height - measure from either lowest point between building and lot line, or 15' from building, to the highest point of roof beam, deck line of a mansard roof or average height between the plate and ridge of a gable, hip or gambrel roof – and description of proposed materials and colors. Include proposed mechanical and electrical system components, exhaust / ventilation systems, transformers, and satellite dishes and method of screening	3	3	3	N/A	N/A	3	<input type="checkbox"/>	<input type="checkbox"/>	
	3 hard copies at initial filing, 8-10 copies at final filing								
Conceptual Floor Plans with square footage and # of units	Y	Y	Y	N/A	N/A	Y	<input type="checkbox"/>	<input type="checkbox"/>	
Neighborhood Context Map showing the neighborhood in which the tract lies and any impacts upon the area (scale no less than 1"=100')	N/A	Wireless only ††	SPS R-A only	Y	Y	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Building Shadow Analysis	I/A, Y in CCD/TOD	I/A, Y in CCD/TOD	Y	Y	I/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic/Parking Analysis	3	3	3	3	3	N/A			
Traffic Study (if less than 25,000 square feet) estimate peak hour traffic volumes generated by proposed use, relation to existing volumes and projected future conditions	N/A	I/A	I/A, Y in TOD	I/A	I/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Impact Analysis (if 25,000 square feet or more) prepared by a professional traffic engineer who is registered with the Commonwealth of Massachusetts as a professional engineer in either traffic or transportation engineering, or any individual who has been certified by the Transportation Professional Certification Board, Inc. as a Professional Traffic Operations Engineer (PTOE). No other professional registration or qualification shall substitute for this requirement	N/A	I/A	I/A, Y in TOD	I/A	I/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Demand Management Plan	N/A	N/A	SPS R-A & TOD only	I/A	I/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Optimization Plan	N/A	N/A	TOD only	I/A	I/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	

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(Checklist of Required Information Continued)	Variance	SP / SPD	SPSR	PUD PMP	Subdivision	Revision to SP	Included	Waiver Requested
<p>Checklist key: # = # of copies Y = include 1 copy I/A = if applicable include 1 copy N/A = not applicable SPSR-A = SPSR in Assembly Sq. Mixed-Use District TOD = Transit Oriented District CCD = Corridor Commercial District †† = within 500 feet of property</p>								
<p>Accessibility Narrative For multi-family residences of three or more units, and for places of public accommodation: describe the major accessibility requirements, if any, for the proposed project under federal or state law(s), as well as the applicant's strategies for meeting those requirements. If your project is exempt from any accessibility requirements due to scoping parameters in the applicable standard(s), be sure to explain how and why. Please consult the Americans with Disabilities Act (ADA), the Fair Housing Act (FHA), the regulations of the Massachusetts Architectural Access Board (MAAB), and other accessibility standards as necessary. This narrative may take the form of a brief memo, prepared by a licensed architect or code consultant.</p>	I/A	I/A	I/A	I/A	I/A	I/A	<input type="checkbox"/>	<input type="checkbox"/>
<p>LEED Worksheet (if greater than 10,000 square feet)</p>	N/A	N/A	SPS R-A & TOD only	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<p>Conceptual 3-D Model of the Master Plan at 20 scale or alternate scale acceptable to the SPGA. In CCD and TOD include abutting properties.</p>	I/A	I/A	SPS R-A, CCD & TOD only	I/A	I/A	I/A	<input type="checkbox"/>	<input type="checkbox"/>
<p>Photographs of at least 8" by 10" showing the development site and surrounding parcels</p>	I/A	I/A	I/A	I/A	I/A	I/A	<input type="checkbox"/>	<input type="checkbox"/>
<p>Rendering or Computer-Simulated Photograph (from at least 2 prominent locations along the surrounding rights-of-way)</p>	N/A	Wireless only	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

11-17. Supplemental Questions
 Answer the supplemental questions for the permit you are seeking.

SEEKING SIGNAGE VARIANCE FROM APPROVED SIGNAGE DESIGN GUIDELINES AT ASSEMBLY ROW. SEE ALL ATTACHED PLANS FOR SIZE AND SIGN TYPES PLUS MATERIALS AND COLOR. LANDLORD IS IN FULL AGREEMENT AND APPROVES THE ATTACHED PACKAGE.

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Electronic version available:
<http://www.somervillema.gov>
Forms Library

Supplemental Questions for:

Special Permits (SP) • Special Permits with Design Review (SPD) • Special Permits with Site Plan Review (SPSR)

10. SP, SPD, & SPSR Supporting Statements
Address each of the following items. Attach to application form.
A. Explain if and how the proposal is compatible with the characteristics of the built and unbuilt surrounding area and land uses.
B. Explain any impacts that the proposed use, structure, or activity will have on the surrounding area from noise, light, glare, dust, smoke, or vibration.
NO IMPACT ABOVE AND BEYOND CITY GUIDELINES.
C. Explain any impacts that the proposed use, structure, or activity will have on the surrounding area from emission or noxious or hazardous materials.
N/A
D. Explain any impacts that the proposed use, structure, or activity will have on the surrounding area from pollution of waterways or ground water.
N/A
E. Explain the impact on the public systems: sanitary sewer system, storm drainage system, public water supply, and recreational system. Document the status of Department of Environmental Management and/or other sewage permits.
N/A
F. Give a general summary of existing and proposed easements or other burdens now existing or to be placed on the property.
N/A
G. See SZO § 5.1.5 Design Guidelines for Business Zones and/or Design Guidelines for Residence Zones. Explain any discrepancies between your proposal and the Design Guidelines. (SP applicants are exempt.)