

# SPECIAL PERMIT APPLICATION

## TO THE NEWTON CITY COUNCIL

The undersigned hereby makes application for permit to erect and use, to alter and use, or to make such uses as may be hereinafter specified of a building or buildings at the location and for the purpose hereinafter specified under the provisions of Chapter 30 of the Revised Ordinances, 2015, as amended, or any other section.

### PLEASE REFERENCE SECTIONS OF THE ORDINANCES FROM WHICH RELIEF IS REQUESTED:

1. Seeking relief from Section 10 of prior Special Permit - To allow for full time preschool program/nursery school with up to 41 students.
2. Seeking relief under Section 5.1.8.A.1 and Section 5.1.3 of Zoning Ordinance, to allow additional parking stalls in a front setback.

**PETITION FOR:**  Special Permit/Site Plan Approval  
 Extension of Non-conforming Use and/or Structure  
 Site Plan Approval

STREET 349 Dedham Street WARD 8  
SECTION(S) 83 BLOCK(S) 36A LOT(S) 1  
APPROXIMATE SQUARE FOOTAGE (of property) 33,697 ZONED SR1  
TO BE USED FOR: Religious Institution with full-time preschool program/nursery school

### CONSTRUCTION:

EXPLANATORY REMARKS: Previously approved for Religious Institution with part-time preschool program/nursery school. Applicant wishes to expand preschool program/nursery school to full-time and to expand the allowable number of students. Applicant seeks to increase the number of parking stalls to accommodate expansion but needs relief from front setback requirements.

The undersigned agree to comply with the requirements of the Zoning Ordinance and rules of the Land Use Committee of the City Council in connection with this application.

PETITIONER (PRINT) Beth Menachem Chabad  
SIGNATURE [Signature]  
ADDRESS 349 Dedham Street, Newton, MA 02459  
TELEPHONE 617-244-1200 Email rabbi@jewishnewton.com

ATTORNEY Joel Sowalsky  
ADDRESS 12 Stedman Street, Unit 1, Brookline, MA 02446  
TELEPHONE 800-296-7681 Email joel.sowalsky@dailygc.com

PROPERTY OWNER Chabad Lubavitch, Inc.  
ADDRESS 491 Commonwealth Avenue, Boston, MA 02215  
TELEPHONE 617-424-1190 Email rabbiprus@chabadboston.org  
SIGNATURE OF OWNER [Signature]

