

SPECIAL PERMIT APPLICATION

TO THE NEWTON CITY COUNCIL

The undersigned hereby makes application for a 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 sections..

PLEASE REFERENCE SECTION(S) OF THE ORDINANCES FROM WHICH RELIEF IS REQUESTED:

5.2.13A; 7.3;

- PETITION FOR:**
- Special Permit/Site Plan Approval
 - Extension of Non-Conforming Use and/or Structure
 - Site Plan Approval
 - Amendment to Council Order #114-17

STREET 300 Boylston Street WARD 7
 SECTION(S) 82 BLOCK(S) 002 LOT(S) 001
 APPROXIMATE SQUARE FOOTAGE (of property) 125,771 square feet ZONED BU 1
 TO BE USED FOR: mixed-use facility
 CONSTRUCTION: masonry and steel building

RECEIVED
 Newton City Clerk
 2018 SEP -5 PM 3:40
 David A. O'Shea, OMC
 Newton, MA 02459

EXPLANATORY REMARKS: Special permit sought for: (1) amendment to Council Order #114-17 to (a) increase the size of Sign B (2nd Principal Sign) from 50 square feet to 89 square feet; (b) increase the size of F (Secondary Signs) from 25 square feet to 30 square feet; and (c) decrease the size of Sign I (Secondary Sign) from 40 square feet to 37.5 square feet; and 2) waivers as to number, size, location, and height of signs pursuant to Section 5.2.13.A to the extent required.

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.

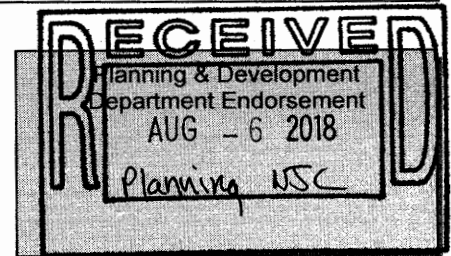
PETITIONER (PRINT) Atrium Wellness Center II, LLC
SIGNATURE Robert A. Schlager
 Robert A. Schlager, duly authorized

ADDRESS 250 First Avenue, Suite 200, Needham, MA 02494
TELEPHONE N/A **E-MAIL** N/A

ATTORNEY Alan J. Schlesinger, Esquire
ADDRESS 1200 Walnut Street, Newton, Massachusetts 02461-1267
TELEPHONE 617-965-3500 **E-MAIL** aschlesinger@sab-law.com

PROPERTY OWNER Atrium Wellness Center II, LLC
ADDRESS 250 First Avenue, Suite 200, Needham, MA 02494
TELEPHONE N/A **E-MAIL** N/A

SIGNATURE OF OWNER Robert A. Schlager
 Robert A. Schlager, duly authorized





City of Newton, Massachusetts

Department of Planning and Development

1000 Commonwealth Avenue, Newton, Massachusetts 02459

Telephone
(617) 796-1120
Telefax
(617) 796-1086
www.newtonma.gov

Ruthanne Fuller
Mayor

GENERAL PERMIT APPLICATION

Barney Heath
Director

PROJECT #: _____ ZONING DISTRICT: BU-1 DATE RECEIVED: _____

PROJECT DESCRIPTION: amendment to Council Order #114-17 to modify approved sign package

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 300 Boylston Street CITY/ZIP: Newton, MA 02464

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): Section 82, Block 002, Lot 0001

PROPERTY OWNER INFORMATION

NAME: Atrium Wellness Center II, LLC

PHONE: N/A ALT. PHONE: N/A

MAILING ADDRESS: 250 First Avenue, Suite 200, Needham, MA 02494 E-MAIL ADDRESS: _____

PROPERTY OWNER CONSENT

I am (we are) the owner(s) of the property subject to this application and I (we) consent as follows:

1. This application for a land use permit or administrative approval for development on my (our) property is made with my permission
2. I (we) grant permission for officials and employees of the City of Newton to access my property for the purposes of this application.

Atrium Wellness Center II, LLC

X Robert A. Schlager
By: Robert A. Schlager, Duly Authorized
(Property Owner Signature)

8/16/18
(Date)

NOTICE: The City of Newton staff may need access to the subject property during regular business hours and will attempt to contact the applicant/agent prior to any visit. Further, members of a regulatory authority of the city may visit the property as well.

APPLICANT/AGENT INFORMATION

NAME: Alan J. Schlesinger, Esquire PHONE: 617-965-3500 ALT. PHONE: N/A

MAILING ADDRESS: Schlesinger and Buchbinder, LLP, 1200 Walnut Street, Newton, MA 02461-1267

E-MAIL ADDRESS: aschlesinger@sab-law.com

X Alan J. Schlesinger
(Application/Agent Signature)

8/16/18
(Date)

NOTICE: The applicant/agent is the primary contact and may be any individual representing the establishment or property owner. The applicant/agent must also be legally authorized to make decisions on behalf of the Property Owner(s) in regards to the application.

OFFICE USE ONLY BELOW THIS LINE

CHECK APPROPRIATE PERMIT OR REVIEW PROCESS (CHECK ALL BEING SUBMITTED)

<input type="checkbox"/> Zoning Review Application	<input type="checkbox"/> Comprehensive Permit
<input type="checkbox"/> Administrative Site Plan Review	<input type="checkbox"/> Variance Application
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Historic Preservation Review
<input type="checkbox"/> Special Permit/Site Plan Approval	<input type="checkbox"/> Conservation Commission Review
<input type="checkbox"/> Fence Appeal	<input type="checkbox"/> Other, describe

Comments: _____

PERMIT INTAKE INITIALS
AND DATE STAMP

GENERAL PERMIT APPLICATION INSTRUCTIONS