

TOWN OF ARLINGTON
REDEVELOPMENT BOARD

Application for Special Permit In Accordance with Environmental Design
Review Procedures (Section 3.4 of the Zoning Bylaw)

Docket No. _____

1. Property Address: 189 Broadway, Arlington, MA
Name of Record Owner(s): Joseph P. Gibbons Phone: _____
Address of Owner: 29 Prospect Street Acton, MA
Street City, State, ZIP
2. Name of Applicant(s) (if different than above): Arlington Animal Clinic Realty Trust
Address: 191 Broadway, Arlington, MA Phone: 781-646-4911
Status Relative to Property (occupant, purchaser, etc.): Owner Under Agreement
3. Location of Property: 040.0 0007 0007.0 189 Broadway, Arlington, MA
Assessor's Block Plan, Block, Lot No.
4. Deed recorded in the Registry of Deeds, **Book 28783, Page 022**;
or- registered in Land Registration Office, Cert. No _____, Book _____, Page _____
5. Present Use of Property (include # of dwelling units, if any): Office, medical and clinic
6. Proposed Use of Property (include # of dwelling units, if any): Petitioner proposes to utilize the building for an addition to its veterinary business operation located adjacent to the property at 191 Broadway.

7.

Permit applied for in accordance with the following Zoning Bylaw section(s):		
<u>Section 3.4 i.e. Environmental Design Review & Section 8.1.2</u>		

8. Please attach a statement that describes your project and provide any additional information that may aid the ARB in understanding the permits you request. Include any reasons that you feel you should be granted the requested permission.

Please see Exhibit A and an Impact Statement

(In the statement below, strike out the words that do not apply)

The applicant states that Arlington Animal Clinic Realty Trust is the ~~owner~~ ~~or- occupant~~ ~~or- purchaser~~ under agreement of the property in Arlington located at 189 Broadway, Arlington, Massachusetts which is the subject of this application; and that unfavorable action ~~-or-~~ ~~no~~ unfavorable action has been taken by the Zoning Board of Appeals on a similar application regarding this property within the last two years. The applicant expressly agrees to comply with any and all conditions and qualifications imposed upon this permission, either by the Zoning Bylaw or by the Redevelopment Board, should the permit be granted.

Arlington Animal Clinic Realty Trust

Signature of Applicant(s) By Its Attorney, Robert J. Annett, Esquire

1171 Massachusetts Avenue, Arlington, MA 02476
Address

781-646-4911
Phone