

CITY OF MARLBOROUGH MEETING POSTING

Meeting Name: City Council Urban Affairs Committee

Date: July 25, 2011

Time: 7:00 PM

Location: City Council Chamber, 2nd Floor, City Hall

Agenda Items to be addressed:

RECEIVED
CITY CLERK'S OFFICE
CITY OF MARLBOROUGH
2011 JUL 20 P 4: 52

Order No.11-1002924: Application for Special permit by Marlborough Hospital, 157 Union Street to extend a prior non-conforming use by constructing a cancer pavilion to be connected to the present main hospital building and to reconfigure the site parking, which will result in an increase in lot coverage from 47.8 percent to 48.4 percent of the site

-In Urban Affairs

THE LISTING OF TOPICS THAT THE CHAIR REASONABLY ANTICIPATES WILL BE DISCUSSED AT THE MEETING IS NOT INTENDED AS A GUARANTEE OF THE TOPICS THAT WILL HAVE BEEN DISCUSSED. NOT ALL TOPICS LISTED MAY IN FACT BE DISCUSSED, AND OTHER TOPICS NOT LISTED MAY ALSO BE BROUGHT UP FOR DISCUSSION TO THE EXTENT PERMITTED BY LAW.

Urb. Aff.



IN CITY COUNCIL

Marlborough, Mass., _____

MAY 23, 2011

ORDERED:

That there being no objection thereto set **MONDAY, JULY 18, 2011** as date for a **PUBLIC HEARING** on the Application for Special Permit from Marlborough Hospital at 157 Union St. to extend prior non-conforming use by constructing a cancer pavilion to be connected to the present main hospital building, and to reconfigure the site parking, which will result in an increase in lot coverage from 47.8% to 48.4% of the site, be and is herewith refer to **URBAN AFFAIRS COMMITTEE AND ADVERTISE.**

ADOPTED

ORDER NO. 11-1002924

**CITY OF MARLBOROUGH
OFFICE OF THE CITY CLERK**

RECEIVED
CITY CLERK'S OFFICE
CITY OF MARLBOROUGH

APPLICATION TO CITY COUNCIL FOR ISSUANCE OF SPECIAL PERMIT

2011 MAY 19 P 2:33

1. Name and address of Petitioner or Applicant:

Marlborough Hospital

2. Specific Location of property including Assessor's Plate and Parcel Number.

157 Union Street, Plate 43, Parcel 56

3. Name and address of owner of land if other than Petitioner or Applicant:

N/A

4. Legal interest of Petitioner or Applicant (owner, lessee, prospective owner, etc.) Owner

5. Specific Zoning Ordinance under which the Special Permit is sought:

Article IV Section 650-12 Paragraph B Sub-paragraph

6. Zoning District in which property in question is located:

Residence A-3

7. Specific reason(s) for seeking Special Permit

The current use of the premises as a hospital is a prior non-conforming use, as is the lot coverage. Applicant is requesting a special permit to extend this prior non-conforming use by constructing a cancer pavilion to be connected to the present main hospital building, and to reconfigure the site parking, which will result in an increase in lot coverage from 47.8% to 48.4% of the site.

8. List of names and addresses of abutter. SEPARATE SHEET ATTACHED

PETITION IS HEREBY MADE FOR THE ISSUANCE OF A SPECIAL PERMIT BY THE CITY COUNCIL OF THE CITY OF MARLBOROUGH AND IS BASED ON THE WITHIN PETITION OR APPLICATION AS FILED HERewith AND MADE PART OF SAID PETITION.

Signature of Petitioner or Applicant
Arthur P. Bergeron, Atty. for

Address: Marlborough Hospital

Mirick O'Connell DeMallie & Lougee LLP
100 Front Street, Worcester, MA 01608

Telephone No. (508) 791-8500

Date: May , 2011

City Clerk's Office

SPECIAL PERMIT-SUMMARY IMPACT STATEMENT

Applicant's Name: Marlborough Hospital Address: 157 Union Street

Project Name: Cancer Pavilion Address: 157 Union Street

1. PROPOSED USE: (describe) Cancer Pavilion

2. EXPANSION OR NEW: Expansion

3. SIZE: floor area sq. ft. 14,000 1st floor 14,000 all floors _____

buildings 1 # stories 1 lot area (s.f.) _____

4. LOT COVERAGE: _____ % Landscaped area: _____ %

5. POPULATION ON SITE: Number of people expected on site at anytime: (from addition)

Normal: 12 Peak period: 25

6. TRAFFIC:

(A) Number of vehicles parked on site:

During regular hours: 12 Peak period: 25

(B) How many service vehicles will service the development and on what schedule?

No additional vehicles

7. LIGHT: How will the development be lit at the exterior? How much light will leave the property and enter the abutting property? Existing lighting will remain the same

8. NOISE:

(A) Compare the noise levels of the proposed development to those that exist in the area now.

Same

(B) Described any major sources of noise generation in the proposed development and include their usual times of operation. None

9. AIR: What sources of potential air pollution will exist at the development? None

10. WATER AND SEWER: Describe any unusual generation of waste. None

11. HAZARDOUS MATERIAL: List any types of Hazardous Waste that will be on-site. How will this waste be stored? Where? How much will be in storage on a daily basis? How will it be disposed? Same type of current hospital waste

***Attach additional sheets if necessary**

LIST OF NAMES AND ADDRESS OF ABUTTERS
AS REQUESTED ON THE APPLICATION FOR SPECIAL PERMIT OF:

Marlborough Hospital

(Name of Petitioner)

FOR THE ISSUANCE OF SPECIAL PERMIT BY THE CITY COUNCIL OF THE CITY OF MARLBOROUGH UNDER CHAPTER 650, ZONING, OF THE CODE OF THE CITY OF MARLBOROUGH.

(Abutters as defined in §650-59, Section 4H, **Powers and Procedure of Special-Permit Granting Authorities**)



**CITY OF MARLBOROUGH
MARLBOROUGH, MASSACHUSETTS 01752**

City Hall

140 Main St.

Marlborough, Massachusetts 01752

Voice (508) 460-3775 Facsimile (508) 460-3723 TTD (508) 460-3610

President and Members City Council

Date: May 18, 2011

**SPECIAL PERMIT APPLICATION
CERTIFICATION BY PLANNING DEPARTMENT**

Project Name: Cancer Pavilion

Project Use Summary: Addition of cancer pavilion to hospital

Project Street Address: 157 Union Street

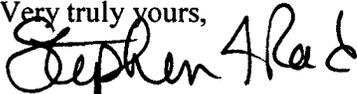
Plate: 43 Parcel: 56

Applicant/Developer Name: Marlborough Hospital

Plan Date: MAY 18, 2011 Revision Date: _____

Dear President and Members:

In accordance with the City Council's Rules for Special Permit Applications, I hereby certify that the Site Plan filed with the City Clerk has been reviewed by the Building Department within the limits of work shown on the plan, and that said plan meets all prior referenced informational requirements of Section 7; that the plan conforms in all aspects to City Code and to these Rules and Regulations, and that any necessary zoning variances have been already granted by the Marlborough Zoning Board of Appeals, and any applicable appeal period concerning said variances have run.

Very truly yours,

Stephen F. Reid
Building Commissioner

**Application Fee to submit to
City Clerk's office**
\$1 500. -

**City of Marlborough, Massachusetts
CITY CLERK DEPARTMENT**



**Lisa M. Thomas
City Clerk**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all Municipal tax returns and paid all Municipal taxes required under law.

Signature of Applicant

A handwritten signature in black ink, appearing to be 'Arthur P. Bergeron', is written over a horizontal line.

Attorney on behalf of Applicant, if applicable
Arthur P. Bergeron, Attorney for
Marlborough Hospital

The Special Permit Package will not be accepted unless this certification clause is signed by the applicant and the Tax Collector.

A handwritten signature in black ink, appearing to be 'Deborah A. Pules', is written over a horizontal line.

Tax Collector



IN CITY COUNCIL

Marlborough, Mass.,

MAY 23, 2011

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