

**TOWN OF BERLIN
BOARD OF APPEALS**

APPLICATION FORM

(PLEASE ANSWER ALL OF THE FOLLOWING—USE ADDITIONAL PAGES AS NECESSARY)

3015-003 SPECIAL
PERMIT
3015-004 SITE PLAN
REVIEW

1. Applicant's Name: Howard and Cathy Coffman
2. Applicant's Address: P.O. Box 111, Southborough, MA 01772
3. Contact Telephone #(s) 508-485-1664 (Work) Email Contact: ccoffman89@gmail.com
4. Applicant Is: Owner: ☐ Tenant: ☐ Licensee: ☐ Prospective Buyer: ☒ Other: ☐
5. Property Owner's Name: The Holyoak Company, LLC
(if different from Applicant)
6. Property Owner's Address: 11 Turner Rd, Berlin, MA 01503
(if different from Applicant)
7. Location Of Property: 240 Central Street
8. Zoning District(s) Of All Properties: RA
9. Map/Lot/Book/Page Identification For All Properties: Map: 16 Lot: 12
10. Sections Of Zoning Regulations Petition Is Regarding: We would like to run a veterinary hospital and upscale boarding facility which requires a special permit in
11. Details of Decision Being Appealed: the RA Zoning district. We are not changing the outside of the building at all.
12. Specific Relief Requested: Special permit for animal hospital and boarding facility

13. Description of Petition, and Applicant's Reasons for the Board to Approve the Petition:

We are petitioning for a special permit for a veterinary hospital and upscale pet resort. Berlin does not currently have a small animal hospital in town. We will be providing a service that is not available at this time. Also, there is no full service pet resort locally. We will be providing services for both dogs and cats in a clean, safe, well designed facility. Both aspects will be an asset to the town and residents. We will be renovating a building that has been vacant.

14. Please list any Applicant representatives* who will be present for or will prepare materials for the public hearing(s):

Name	Role (e.g., attorney, architect, etc.)	Address	Telephone Number
DAVID E ROSS ASSOC.	David E ROSS Assoc. Surveyor	11 Fitchberg Road Ayer, MA 01432	978-772-6232
Eric Doering - Terwisscha Construction	Veterinary Development consultant	1550 Willmar Ave SE Willmar, MN 56201	320-235-1664 (Phone) 612-432-0883 (cell)

(If there are more than five Applicant representatives, please identify them on a separate sheet.)

***NOTE: Any such Applicant representatives whose statements or work product are presented to the Board must disclose the nature and extent of any personal interest (beyond payment of customary fees for their services) related to the Application.**

15. Have any prior variances or special permits been granted for this property?	_____ NO _____ <u>X</u> YES (if "Yes", please provide details on a separate sheet)
16. Are there any outstanding enforcement actions or regulatory issues related to this property (including, but not limited to, EPA/DEP, Town Boards, Federal or State Government agencies) or have there been any such issues related to this property at any time in the past five years?	_____ <u>X</u> NO _____ YES (if "Yes", please provide details on a separate sheet)
17. Are there any other pending applications with other Town Boards or necessary approvals from other Town Boards related to this application (including, but not limited to, Planning Board, Conservation Commission, Board of Health)? With other Towns? The State of MA?	_____ <u>X</u> NO _____ YES (if "Yes", please provide details on a separate sheet)
18. Application Pre-Filing Review by Town Clerk	REVIEWED BY _____ REVIEW DATE _____
19. Application Filing with Town Clerk	FILING DATE <u>April 9, 2015</u> <u>Elaine E. Salls</u> (Town Clerk Signature)

I hereby request a hearing before the Board of Appeals with reference to the above noted petition, and I hereby authorize the Board members and other Town officials, in their official capacity as related to this petition, to have unrestricted access to the subject property for purposes of viewing the subject property in relation to such hearing(s).

Signature Of Applicant: Cathy Coffman Date: 3/1/15

Property Owner's Signature (if not the Applicant) [Signature] Date: 3/2/15

Applicants are advised that all papers filed with the Board seeking a variance, seeking a special permit, or seeking any other relief from or action by the Board, shall be signed and dated by the party on whose behalf the filing is made or by the party's authorized representative and shall state the address, telephone number, facsimile number, and (if available) electronic mail ("e-mail") address of the party or authorized representative. This signature shall constitute a certification that the signer has read the document and believes the content of the document is true and accurate, and that the document is not interposed for delay. Signature by an authorized representative also certifies the full power and authority to represent the party. Any paper filed with the Board that contains false, inaccurate, or misleading information may be grounds for the Board to deny any relief sought from, or request made to, the Board by any party.

Applicants are also advised that at any public hearing the Board Chairman, at his/her discretion, may elect to have the Applicant and/or the Applicant's representatives sworn in relative to the statements that they make to the Board.

The Board, at its discretion and by majority vote, may require that the Applicant submit additional information related to the Application, including, but not limited to, a proposed "Memo of Decision" specifying proposed findings and conditions.

FOR BOARD USE ONLY

Application Pre-Filing Signature Date: _____

Application Filing Date: _____

Initial Public Hearing Date: _____

Decision Due Date: _____