

**APPLICATION FOR SITE PLAN & SPECIAL PERMIT**

Applicant Information	
Name	SkinMD of Mass, LLC
Full Address	2 First Ave, Unit 123, Peabody, MA01960
Telephone	617.244.2665
Fax	617.244.2119
Email Address (optional)	
Owner of Record & Address (attach documentation)	
<input type="checkbox"/> Same as Applicant <input checked="" type="checkbox"/> Other (Please identify name, address, and phone)	

Project Locus & General Information		
Address(s) (All Street Numbers)	1775 Washington Street, Hanover, MA 02339	
Map & Lot Number(s) (Use "Two-Digit Dash Three-Digit" Format available from Assessors Office. Example: 12-345)	18-7	
Status of Scenic Roads	<input type="checkbox"/> Within 300 ft. <input type="checkbox"/> Not Applicable	
Status of Wetlands (WPA - M.G.L. Ch. 31, S. 40)	<input type="checkbox"/> Present On Property <input type="checkbox"/> Within 100 ft. <input type="checkbox"/> Not Applicable	
Status of Flood Plain & Flood Zones	<input type="checkbox"/> Present On Property <input type="checkbox"/> Not Applicable	
Status of Current & Former Uses of Property (List applicable dates for start and end of each use accordingly. Attach documentation if necessary. Include status of previous Site Plans and Special Permits Approved.)		
Status of Site Plan Review	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Limited Review Requested	
Zoning District(s) (Check all that apply) (* Indicates Overlay District) († Proposed overlay for applicable projects)	<input type="checkbox"/> Residence A District <input checked="" type="checkbox"/> Planned Shopping Center District <input type="checkbox"/> Business District <input type="checkbox"/> Commercial District <input type="checkbox"/> Industrial District <input type="checkbox"/> Limited Industrial District <input type="checkbox"/> Fireworks District <input type="checkbox"/> Aquifer Protection Zone <input type="checkbox"/> Well Protection Zone * <input type="checkbox"/> Flood Zone * <input type="checkbox"/> Wireless Telecommunications District * <input type="checkbox"/> Village Planned Unit Development (VPUD) †	
Additional Permits/Reviews Required (Check all that apply)  List All Specific Permits Here:  Filed Concurrently? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Building Department (Building, Electrical, Sign, etc) <input type="checkbox"/> Conservation Commission (wetlands, etc.) <input type="checkbox"/> Board of Health (septic, wastewater, etc.) <input type="checkbox"/> Board of Selectmen (local licenses) <input type="checkbox"/> Fire Department <input type="checkbox"/> Board of Public Works / DPW (Water Quality, etc.) <input type="checkbox"/> MEPA <input type="checkbox"/> NPDES	
Proposed Use(s) of Property (List All)(Include total square footage for each proposed use)	Tenants proposed use is for a full service Medical Spa offering cosmetic face and body treatments * 1750 S.F.	
Development Impact Statement	<input type="checkbox"/> Required <input type="checkbox"/> Not Required	
Anticipated Traffic (Vehicle numbers per day)	Buses/Trucks:	Autos: Employee Autos:

## HANOVER PLANNING BOARD

## Project Locus &amp; General Information (cont.)

## Special Permits Requested from Planning Board

(List all that apply. Use additional sheets if necessary)

☐ Concurrent Subdivision Filing

## Bylaw Section

ZBL Section 6.220

## Type / Description

Medical Health Care Facilities

## Basic Bylaw Requirements\*

	Required	Existing	Proposed	Variances Granted
Site Size (min) (sq.ft.)				
Structure Coverage (max) (%)				
Frontage (min) (ft.)				
Side Yard Setback (min) (ft.)				
Rear Yard Setback (min) (ft.)				
Side Yard Buffers (min) (ft.)				
Rear Yard Buffer (min) (ft.)				
Front Yard Buffer (min) (ft.)				
Parking Spaces (min)				

\* Please see applicable Zoning Bylaw Sections (Section 7: Table 7 & Section 9: Table 9-1) for requirements. If you need assistance please contact the Planning Department.

## Additional Requirements

Project Narrative	Attach any additional information required by the Hanover Zoning Bylaw and Subdivision Rules and Regulations as appropriate. All applicants should provide a letter or narrative describing the project locus, context, property history and background, proposed project and any permits requested from the Board.
Attach Hereto:	<ul style="list-style-type: none"> <li>Checklist for Site Plan &amp; Special Permit Submission (currently not required)</li> <li>Checklist for Definitive Subdivision Plan Submissions (if applicable)</li> </ul>
Filing Fees:	Required for all applications in accordance with the current Planning Board "Fee Schedule."
Consultant Review:	All applicants must forward a copy of the full application and all supporting materials to the Planning Board's Consultant Review Engineer unless otherwise provided by law.
Important Note:	All information is required unless otherwise noted. Applications will be deemed incomplete if the applicant fails to provide all submission materials or to complete required fields (legibly). No hearings or meetings will be scheduled and no action will be taken on incomplete submissions.

## Required Signatures

Applicant SkinMD of Mass, LLC	Owner Signature DocuSigned by: <i>Ed Callahan</i> A69860F43E1F49F
Print Name Dr. Paul Flashner <i>Paul Flashner, MD</i>	Print Name PREP HANOVER REAL ESTATE LLC

## Office Use Only

Filed with Town Clerk (Time Stamp)  TOWN CLERK 2023 SEP 25 AM 11:57	Received By Planning Department (Date Stamp)  RECEIVED SEP 25 2023 HANOVER.COM Planning
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