



BELLINGHAM PLANNING BOARD

10 MECHANIC STREET
 BELLINGHAM, MASSACHUSETTS 02019
 (508) 657-2892; FAX (508) 966-2317
PlanningBoard@bellinghamma.org

CERTIFICATE OF OWNERSHIP

I, the undersigned Applicant, do hereby certify to the Town of Bellingham, through its Planning Board, that all parties of interest to the below-listed plan are identified in Section B below.

Section A:

Title of Plan: Site Development Plans for Route 85 Realty Corp.

Date of Plan: 02/05/2025

Assessor's Information 190 Hartford Ave, 194 Hartford Ave, 198 Hartford Ave (0024-0007-000, 0024-0008-000 & 0024-0009-0000)

Prepared by: Bohler

Type of Plan: Preliminary Subdivision Definitive Subdivision Development Plan

Special Permit

Section B:

Name of Record Owner(s): 217 River Road LLC

Address of Record Owner(s): 8 Uxbridge Rd., Mendon, MA 01756

Name of Record Owner(s):

Address of Record Owner(s):

If in the name of a Trust, Corporation or Partnership, list the names and addresses of all Trustee(s), Corporate Officer(s) or Partner(s):

Name: Kevin Meehan

Address: 8 Uxbridge Road Mendon Ma

Address:

Name:

Address:

If in the name of a Trust or Corporation list beneficiary(ies) of the Trust or the Shareholder(s) of the Corporation:

Beneficiary(ies)

Shareholder(s)

If in the name of a Trust or Corporation list the date, county, book, and page of recording of the Trust Instrument, or the date and State of incorporation:

County: _____

Book and Page: Book _____ Page _____

Date of Incorporation: _____

State of Incorporation: _____

Executed as a sealed instrument this _____ day of _____, 20_____

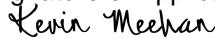


Signature of Applicant

Tariq Fayyad

Print name of Applicant

Signature of Applicant



Signature of Owner

Print name of Applicant



Signature of Owner

Print name of Owner

COMMONWEALTH OF MASSACHUSETTS

ss.

20_____

On this _____ day of _____ 20_____, before me, the undersigned notary public, personally appeared _____ (name of Applicant(s)), proved to me through satisfactory evidence of identification, which were _____ to be the person(s) whose name(s) is/are signed on the preceding document in my presence.

(Official signature and seal of Notary)

Notary Public: _____

My Commission Expires: _____



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APPLICATION FOR SPECIAL PERMIT UNDER THE ZONING BYLAW

1. Name of Applicant(s) Rte. 85 Realty Corp.
Address 32 Hastings Street, PO Box 444, Mendon, MA
Phone 508-330-1196 Email: Ty@ImperialCars.com
2. Owner (if different) 217 River Road LLC
Address 8 Uxbridge Rd., Mendon, MA 01756
Phone 508-330-1196 Email: Ty@ImperialCars.com
3. The premises affected are at Hartford Ave Street/Road
between Cedar Hill Street/Road and Rawson Street/Road in a Zoning District.
Street Number (if available) 190, 194 & 198
4. Dimensions of lot _____ Area 1.21± AC (total)
5. Assessors map and lot number 0024-0007-000, 0024-0008-000 & 0024-0009-0000
6. Registry of Deeds Book 35064 Page 365
Land Court Certificate Number _____ Book _____ Page _____
7. Legal description of property See survey included with submission.
8. Application for Special Permit as authorized by Section(s) 240-187 of the Zoning Bylaw.
9. State present use of premises Residential.
10. Describe specifically the nature of your request The Applicant respectfully requests a Special Permit for the proposed retail use in the Hartford Avenue Adaptive Use Overlay District.

11. Generally state or append information necessary so that the determinations called for under Article IV of the Zoning Bylaw can be made by the Planning Board.

See project narrative included with submission.

12. Accompaniments:

Fully executed Form K

Recorded (or surveyor endorsed) plan of the land (*number of copies per Planning Board's Form K*)

Plot plan showing location of existing and proposed buildings, signs, other structures (*number of copies per Planning Board's Form K*)

"Parties in Interest" list (1 copy, 1 copy on labels)

Other materials required by the Planning Board/Town Planner (*refer to Procedural Rules*)

Stormwater Management and O&M Plans

Filing Fee

13. Signature of Applicant  Date 2/4/2025

Signature of Applicant _____ Date _____

14. Application received by _____ Date _____

15. Hearing date set for _____ Time _____



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APPLICATION FOR DEVELOPMENT PLAN APPROVAL UNDER THE ZONING BYLAW

Date Submitted: February 5, 2025

1. Applicant Rte. 85 Realty Corp.

Address 32 Hastings Street, PO Box 444, Mendon, MA

Phone 508-330-1196

Email Ty@ImperialCars.com

2. Owner(s) 217 River Road LLC

Address 8 Uxbridge Rd., Mendon, MA 01756

Phone 508-330-1196

Email Ty@ImperialCars.com

3. Engineer Bohler

Address 352 Turnpike Road, Southborough, MA 01772

Phone 508-480-9900

Email cbailey@bohlereng.com

4. Plan Title

Site Development Plans for Route 85 Realty Corp.

5. Date of Plan

February 5, 2025

6. Location of Premises (Address, Street Name, or general property description)

190 Hartford Ave, 194 Hartford Ave, 198 Hartford Ave

7. Assessors Map/Lot Numbers

0024-0007-000, 0024-0008-000 & 0024-0009-0000

8. Norfolk Registry of Deeds Book/Page

35064/365

9. Lot Area (sq. ft & acres)

±52,576 SF / ±1.21 AC (total)

10. Zoning District(s)

Residential (R)

Water Resource District

Flood Plain

N/A

Hartford Avenue Adaptive Use Overlay District (AUOD)

11. Premises in Overlay District(s)?

12. Proposed Use	Proposed two-story retail
13. Square Footage of Proposed Building(s)	5,000± SF per story (10,000± SF total)
14. Impervious Surfaces (sf)	See Site Plans included with submission.
15. Amount of Land Disturbance (sf)	See Site Plans included with submission.
16. Number of Parking Spaces/Handicap spaces	See Site Plans included with submission.
17. Accompaniments	<ul style="list-style-type: none"> <input type="checkbox"/> Fully Executed Form K – Distribution List <input type="checkbox"/> Certified Abutters List (1 copy, 1 label copy) <input type="checkbox"/> Filing Fee (See chart attached) <input type="checkbox"/> Plot plan showing location of existing and proposed buildings, signs, other structures (number of copies per Form K) <input type="checkbox"/> Recorded (or surveyor endorsed) plan of land (number of copies per Form K) <input type="checkbox"/> Stormwater Management and O&M Plans <input type="checkbox"/> Other applicable permits required: _____ _____ <input type="checkbox"/> Other materials required by Planning Board or Town Planner (see Procedural Rules and Zoning Bylaws) _____

Please attach a Narrative with the following information:

- (a) proposed use(s);
- (b) building or addition size proposed, broken down by use, if applicable;
- (c) projected number of employees, hours of operation and description of shifts;
- (d) projected parking spaces required (show calculation based on building usage/employees);
- (e) proposed methods of screening the premises and parking from abutting property and the street;
- (f) a calculation of existing and proposed lot coverage;
- (g) projected Town water and sewer demand, if any;
- (h) a discussion of the status of all other required local, state and federal permits (copies of all permits issued for the project shall be included in the application package);
- (i) a discussion of how the project conforms with the Bellingham Master Plan.

Please review the Bellingham Zoning Bylaws for additional supplemental materials that may be required.

Signature of all Applicants:
(print & sign)

Tariq Fayyad



Signature of all Owners:
(print & sign)

Kevin Meehan

