

TOWN OF WEYMOUTH
BOARD OF ZONING APPEALS APPLICATION

RECEIVED
TOWN OF WEYMOUTH
TOWN CLERK'S OFFICE

2022 JUN -7 AM 11:49

TO BE COMPLETED BY STAFF

Case Number: # 3478

Submittal Accepted: _____

Signature of Planning Dept. Staff for minimal requirements

Date

6/17/22

Town Clerk Stamp

Determined to be complete and may now be filed with Town Clerk: _____

Signature of Principal Planner or Director

PROPERTY INFORMATION - TO BE COMPLETED BY APPLICANT

PROJECT / PROPERTY STREET ADDRESS: 944 MIDDLE STREET

Assessor's Map Sheet, Block, & Lot: 33-432-1

Zoning District: POP

Overlay District: _____

OWNER OF RECORD (S) (print&sign): _____

(The owner of record is the person or entity who owns title to the property as of today's date)

FOX ROCK LIBBEY CORNER REALTY LLC
Address of owner of record: FOX ROCK Properties 1200 HANCOCK ST QUINCY MA 02127

Norfolk County Registry of Deeds Book and Page No. _____

Or registered in Land Registration Office under Certificate No. 190814

NAME OF APPLICANT (S) (print&sign): ALDER PARTNERS LLC

Applicant's Address: 30 RUNDLETT WAY MIDDLETON MA 01949

Contact Information: Email stella@alderpartnersllc.com Phone 781-953-7424

Check if you are an: owner(s) ☐ lessee(s) ☒ optionee (s) ☐

NAME & AFFILIATION OF REPRESENTATIVE: STELLA GIANGREGORIO COO

Address: 30 RUNDLETT WAY MIDDLETON MA 01949

Contact Information: Email STELLA@ALDERPARTNERSLLC.COM Phone 781-953-7424

NAME OF ENGINEER AND/OR ARCHITECT: _____

Prior to submitting your application you must review this entire package and the Board Rules and Regulations outlining the Board's policies and procedures. Your signature signifies that you have read the required material and you will be expected to adhere to them.

I (we) hereby certify that I (we) have read the Board of Zoning Appeals Rules and Regulations and that the statements within my (our) application are true and accurate to the best of my (our) knowledge.

Kristen Doran Kristen Doran
Applicant / Petitioner - Date (sign & print)

NATURE OF REQUEST

Application is for: _____ Special Permit _____ Variance _____ Amendment _____ Other: X

Applicable Section of Zoning Ordinance (specify Section (s) of the Zoning Ordinance from which relief is sought):

MAJOR MODIFICATION TO BZA #2440
CHANGE OF HOURS

The above relief and Ordinance sections will be further reviewed after a complete package is submitted. This may be amended by the Planning or Building staff during the application review process after having the benefit of plan to accurately advertise the application before the Board.

PETITIONER'S DESCRIPTION AND NARRATIVE:

To be completed by all Board of Appeals Applicants. Attach additional sheets as necessary.

1. Describe what is presently located on the property (use as much detail as possible including all uses and square footage of each use): PLANET FITNESS HEALTH CLUB.
THIS LOCATION HAS OPERATED AS A HEALTH CLUB SINCE 1993. 2.97 ACRES 24114 SQUARE FOOT BLDG.
2. The applicant seeks to (describe what you want to do on the property in as much detail as possible): MODIFY HOURS OF OPERATION FROM:
SAM-11PM M-Th SAM-9PM-Fr 7AM-7PM SAT+Sun
TO
24/5 SCHEDULE 12AM MONDAY - 9PM Friday
7-7 SATURDAY + SUNDAY
3. Such a use is permitted by the Town of Weymouth Zoning Ordinance under Article (insert Article, Section of the Zoning Ordinance which permits the proposed use of the property).
4. Are you aware if this property has been previously granted approvals from any Town Board or Commission? If so, please list (provide dates of previous approvals, book and page numbers or any recorded decisions and copies of past decisions).
YES BY PREVIOUS OWNERSHIP GROUP. DATES
UNKNOWN
5. Any other additional information as relevant to the Variance or Special Permit:
THIS WILL ALLOW OUR MEMBERS MORE
OPTIONS FOR TIMES TO WORK OUT. IT WILL
SPREAD OUT THE MEMBER FLOW.

ZONING COMPUTATION WORKSHEET

(To be attached with all Board of Zoning Appeals Applications)

The Zoning Computation Worksheet must be completed by the Applicant / Petitioner. All information should be measured and calculated in accordance with the Weymouth Zoning Ordinance (Section 120-51 Table 1 "Schedule District Regulations" and other applicable sections of the Zoning Ordinance). The information should be based on engineer/surveyor/architectural prepared plans and or calculations. Further guidance can also be provided by the Board's step-by-step application instructions and by contacting the Planning or Building Department while completing this section.

Data	Required	Existing	Proposed
Use			
Lot Area / Size (Sq. Ft.)			
Dwelling Units			
Frontage (ft.)			
Lot Width (ft.)			
Front Yard Setback (ft.)			
Front Yard Setback (ft.) – corner lots			
Side Yard Setback (ft.)			
Side Yard Setback (ft.)			
Rear Yard Setback (ft.)			
Height (ft.) & # of Stories			
Lot Coverage			
Off-Street Parking Spaces			
Off-Street Loading Spaces			
Parking Setback			
Accessory Structure Setback			
Landscaping			
Floor Area Ratio			
Signage			
Other:			

SPECIAL PERMIT APPLICATION

To be completed for Special Permit Applications only.

SPECIAL PERMIT FINDINGS OF FACT

In the spaces below explain how the adverse effects of the proposal will not outweigh its beneficial impacts to the Town with respect to each of the following considerations per Article XXV, Section 120-122 of the Zoning Ordinance. The Special Permit Granting Authority may approve any such application for a special permit **only** if it finds that, in its judgment, all of the following conditions are met. (Attach additional supporting documentation as necessary).

1. Is the specific site an appropriate location for such a use? Please explain.

YES. IT HAS HAD THIS USE FOR OVER 25 YEARS

2. Will the proposed use / structure be detrimental or adversely affect the character of the neighborhood or town? Please explain.

WE ARE AN EXISTING BUSINESS THAT HAS BEEN AT THIS LOCATION SINCE 1993. WE DO NOT ANTICIPATE ANY ADVERSE CONDITIONS ONLY A POSITIVE RESPONSE FROM OUR MEMBER BASE

3. Is there potential for nuisance or serious hazard to vehicles or pedestrians? Please explain.

IT IS AN EXISTING LOCATION IN AN INDUSTRIAL PARK

4. Will adequate and appropriate facilities, utilities and other public services be provided for the proper operation of the proposed use? Please explain.

YES. IT WILL ALLOW OUR STAFF MEMBER ADDITIONAL TIME TO CLEAN AND SANITIZE THE FACILITY

5. Will the public convenience and welfare be substantially serviced with this proposal? Please explain.

YES. IT WILL GIVE OUR MEMBER BASE EXTENDED HOURS TO USE THE FACILITY.