# Land Use Committee Agenda

## City of Newton
## In City Council

**Tuesday, September 13, 2016**

**7:00 PM**
**Chamber**

**#283-16** **McGOVERN CHRYSLER JEEP DODGE RAM**
777 Washington Street
Newton, MA. 02460 Class 1

**#180-16** **Special Permit Petition to rezone the Orr block to Mixed Use 4**
MARK NEWTONVILLE, LLC. petition for SPECIAL PERMIT/SITE PLAN APPROVAL for a change of zone to MIXED USE 4 for a portion of land located at Walnut Street, Washington Street, Washington Terrace, also identified as Lots 10, 11, 12, 13, 14, 16, 19, 20, 21, 22, Block 29, Map 201 currently zoned Business 1 and Business 2.
**Public Hearing Opened on June 7, 2016 and continued to July 12, 2016.**

**#179-16** **Special Permit Petition for Orr Building at Walnut St. and Washington St.**
MARK NEWTONVILLE,LLC petition for SPECIAL PERMIT/SITE PLAN APPROVAL to construct a mixed use, transit oriented development in excess of 20,000 sq. ft. consisting of three interconnected buildings with building heights of 60 feet and five stories, total gross floor area of 238,075 sq. ft., incorporating 171 residential units, approximately 39,745 sq. ft. of commercial space to permit office use, medical use, retail and personal establishment of more than 5,000 sq. ft., eating and drinking establishments of more than 5,000 sq. ft. retail banking and financial services and health club establishments, and approximately 2,030 sq. ft., of office/community space; 346 on-site parking stalls within a below-grade garage and surface parking, and to allow an FAR of 1.92; waive the setback and façade transparency, waiver of 97 parking stalls and dimensional requirements for parking stalls, interior landscaping, lighting, curbing, wheel stops, guard rails and bollards, waive entrance and end stall maneuvering space requirements, waive number of signs and allow for free-standing signs and loading bay at 241-261 Walnut Street, 845-875 Washington Street, 0-22 Bailey Place, 6-22 Washington Terrace, Ward 2, Newtonville, on land known as SBL 21029 0010, 21029 0011, 21029 0012, 21029 0017, 21029 0016, 21029 0018, 21029 0019, 21029 0019A, 21029 0013, 21029 0014, 21029 0015, 21029 0020, 21029 0021, 21029 0022, 21029 0023, containing approximately 123,956 sq. ft. of land in a district zoned BUSINESS USE 1 and BUSINESS USE 2. Ref:7.3.3, 7.4, 4.2.3, 4.2.5.A.2, 4.2.5.A.4.c, 4.2.5.A.4, 4.2.5.A.6.a,

The location of this meeting is accessible and reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: jfairley@newtonma.gov or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.

4.2.5.A.6, 4.2.5.A.6.b, 4.2.5.A.6, 4.4.1, 5.1.4.A, 5.1.4.C, 5.1.4, 5.1.13, 5.1.8.A.2, 5.1.8.B.1, 5.1.8.B.2, 5.1.10.B.3, 5.1.8.B.6, 5.1.9.B, 5.1.10.A.1, 5.1.10.B.5, 5.1.12, 5.2.13 of Chapter 30 of the City of Newton Rev Zoning Ord, 2015.
**Public Hearing Opened on June 7, 2016 and continued to July 12, 2016.**

**Respectfully submitted,**
**Marc C. Laredo, Chair**

**CITY OF NEWTON**
**APPLICATION FOR LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE MOTOR VEHICLES OR PARTS THEREOF**
**2016**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a class _____ license, to Buy, Sell, Exchange or Assemble motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

RECEIVED
Newton City Clerk
2016 AUG 17 PM 3:09
David A. Olson, CMC
Newton, MA 02459

1. Name of the concern McGovern Chrysler Jeep Dodge Ram

Business address: 777 Washington St
Newton MA 02460

Telephone number 617-928-5400

Email mattmcgovernmotors@gmail.com

2. Is the above concern an individual, co-partnership, an association or a corporation? Yes

3. If an individual, state full name and residential address.

4. If a co-partnership, state full names and residential addresses of persons composing it.

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President Matt McGovern
286 Commonwealth Ave, Boston MA 02115

Secretary

Treasurer

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Yes

OVER

If so, is your principal business the sale of new motor vehicles? Yes

Is your principal business the buying and selling of second hand motor vehicles? No

Is your principal business that of a motor vehicle junk dealer? No

7. Give a complete description of **all** the premises, including satellite buildings/lot used for storage, to be used for the purpose of carrying on the business.
Appoximately 50,000 sq ft facility with parking on lot of 1.73 Acres.

2016 AUG 17 PM 3:09
David A. Olson, City Clerk
Newton, MA 02459
Newton City Clerk

8. Are you a recognized agent of a motor vehicle manufacturer? Yes

If so, state name of manufacturer Chrysler, Jeep, Dodge, Ram

9. Have you a signed contract as required by Section 58, Class 1? Yes

10. Have you ever applied for a license to deal in second-hand motor vehicles or parts thereof? No
If so, in what city/town(s)

Did you receive a license?_____ For what year?_____

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? No

PRINT and SIGN your name in full Matt McGovern

(Duly authorized to represent the concern herein mentioned)
Residence 286 Commonwealth Ave, Boston MA 02115
Telephone 617-240-4246 Best Contact

**IMPORTANT**
**EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION, AND FALSE STATEMENTS HEREIN MAY RESULT IN THE REJECTION OF YOUR APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENSE IF ISSUED.**

*The Commonwealth of Massachusetts*
*Department of Industrial Accidents*
*Office of Investigations*
*1 Congress Street, Suite 100*
*Boston, MA 02114-2017*
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): McGovern Chrysler Jeep Dodge Ram

Address: 777 Washington St, Newton MA

City/State/Zip: Newton MA 02460 Phone #: 617-928-5400

**Are you an employer? Check the appropriate box:**

1. ☒ I am a employer with 60 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

2016 AUG 17 PM 3:00

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: Federated Ins Co.

Policy # or Self-ins. Lic. #: # 585065 Expiration Date: 8-31-17

Job Site Address: 777 Washington St City/State/Zip: Newton MA

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).** Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: [signature] Date: 8/15/16

Phone #: 617-240-4246

***Official use only. Do not write in this area, to be completed by city or town official.***

**City or Town:** _____ **Permit/License #** _____

**Issuing Authority (circle one):**
**1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector**
**6. Other** _____

**Contact Person:** _____ **Phone #:** _____

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an ***employee*** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An ***employer*** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

---

**Applicants**

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

---

The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts**
**Department of Industrial Accidents**
**Office of Investigations**
1 Congress Street, Suite 100
Boston, MA 02114-2017
Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia