



**TOWN OF LITTLETON  
SENIOR RESIDENTIAL DEVELOPMENT  
SPECIAL PERMIT SUPPLEMENT**

Littleton Town Offices  
37 Shattuck Street  
Room 303  
Littleton, MA 01460  
(978) 540-2425

**Form 1E**  
ADOPTED May 3, 2018

**PART IV. PROJECT SUMMARY**

Project Name: \_\_\_\_\_

Project Type:       Cottage, Two-Family, Townhouse Units       Independent Living Units       Assisted Living Residence or Skilled Nursing       Continuing Care Retirement Community

Project Components	Number of Units by Number of Bedrooms					
	Total Buildings	Total Gross Sq. Ft.	Total Units	Studio	1 Bedroom	2 Bedrooms
1. Cottage Homes						
2. Two-Family Homes						
3. Townhomes						
4. Independent Living						
5. Assisted Living						
<b>Subtotal (1+2+3+4+5)</b>						
F. Sk. Nursing (Beds)						
<b>Total (1+2+3+4+5+6)</b>						

For an Assisted Living Residence or CCRC, does the project also include any of the following nonresidential or accessory uses?

	Gross Sq. Ft.		Gross Sq. Ft.
<b>Nonresidential Uses</b>		<b>Accessory Uses</b>	
1. Retail		1. Garage parking for residents	
2. Personal services		2. Central or common dining room	
3. Medical office or clinic		3. Laundry facilities	
4. Community center or senior center (for public use)		4. Facilities for /social/recreation programming, wellness center, other	
5. Adult day care center			
<i>Subtotal Gross Sq. Ft.</i>		<i>Subtotal Gross Sq. Ft.</i>	
<b>Total Gross Sq. Ft.</b>			

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**PART V. SERVICES & AMENITIES**

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1. Identify the social, leisure, cultural, health/wellness, and other services the project will provide to residents of the development.

- |   |   |
|---|---|
| <input type="checkbox"/> Homemaker/housekeeping & maintenance                       | <input type="checkbox"/> Hospice                        |
| <input type="checkbox"/> Meals (___ x day)  | <input type="checkbox"/> On-site property manager       |
| <input type="checkbox"/> Medication management                                      | <input type="checkbox"/> 24-hour emergency maintenance  |
| <input type="checkbox"/> ADL assistance   | <input type="checkbox"/> Transportation (complimentary) |
| <input type="checkbox"/> Organized educational/social programs                      | <input type="checkbox"/> Other (list):                  |
| <input type="checkbox"/> Organized wellness programs                                | _____   |
| <input type="checkbox"/> Organized exercise/recreation programs                     | _____   |
| <input type="checkbox"/> Availability of PT/OT/ST and other health care specialists | _____   |
|   | _____   |

2. How will this development be planned, marketed, and operated as a senior housing community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is this a pet-friendly development? If so, briefly explain.

\_\_\_\_\_  
\_\_\_\_\_

4. Will this development provide respite (temporary residential care) services? \_\_\_\_\_

5. Will this development include any affordable units? (Note: assisted living and independent living residences within a Senior Residential Development are not subject to Article XXIX, Inclusionary Housing. However, the Planning Board wants to know if the applicant will provide affordable units that are not required to meet DHCD requirements for the Chapter 40 Subsidized Housing Inventory).

\_\_\_\_\_

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**PART VI. SITE DEVELOPMENT**

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**Off-Street Parking**

1. Number of residential parking spaces (including garage spaces from previous page): \_\_\_\_\_

- 2. Number of spaces for employees, property management, etc.: \_\_\_\_\_
- 3. Number of guest/visitor spaces: \_\_\_\_\_
- 4. Total parking spaces: \_\_\_\_\_

**Site Coverage**

- 1. Total Site Area (sq. ft.): \_\_\_\_\_
- 2. Total Building Footprint (sq. ft.) \_\_\_\_\_
- 3. Total Building Coverage (%): \_\_\_\_\_
- 4. Total Paved Surfaces (sq. ft.) (Include access drives, parking, walkways, etc. \_\_\_\_\_
- 5. Total Impervious Area (sq. ft.) (2 + 4) \_\_\_\_\_
- 6. Impervious Cover Ratio: (%) \_\_\_\_\_

**Open Space & Outdoor Amenities**

- 1. Total Common Open Space (sq. ft.): \_\_\_\_\_
- 2. Common Open Space
  - a. Wetland area in Common Open Space (sq. ft.): \_\_\_\_\_
  - b. Upland area in Common Open Space (sq. ft.) \_\_\_\_\_

- 3. Health/Social/Leisure/Recreation Amenities (check):

Tennis

Swimming pool

Walking paths/trails

Other (describe):

\_\_\_\_\_

\_\_\_\_\_

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**PART VII. PROJECT TEAM & EXPERIENCE**

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**DEVELOPER:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**SITE/CIVIL ENGINEER:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**ARCHITECT:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**LANDSCAPE ARCHITECT:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**LEGAL TEAM:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**PROPERTY MANAGER:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**INDEPENDENT LIVING OWNER/OPERATOR:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**ASSISTED LIVING OWNER/OPERATOR:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**MEMORY CARE OWNER/OPERATOR:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

**SKILLED NURSING FACILITY OWNER/OPERATOR:**

<b>Name of Entity &amp; Business Address</b>	<b>Contact:</b>
Name:	Name:
Address Line 1:	Phone:
Address Line 2:	Email:
City/State/Zip:	
Phone:	

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## PART VIII: REQUIRED ATTACHMENTS

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- Project Narrative.** Applicant must provide a detailed project narrative. The narrative report must provide enough information for the Planning Board to understand the proposed development and how the development will meet the health and wellness, social, leisure, and other needs of the senior population(s) it purports to serve. In addition, the narrative must specifically address all the findings the Planning Board is required to make under § 173-152 of the Zoning Bylaw. It is the applicant's responsibility to demonstrate that the project meets all the requirements of Article XXIII.
  
- Development Team Qualifications.** A narrative description of the experience and qualifications of members of the development team. Identify recent comparable developments completed in Massachusetts by project name, location, year completed, and summary details. Identify developments where proposed team members collaborated on projects in the past.
  
- Site Plan.** In addition to Form 1 requirements, the SRD Site Plan must include the following information:
  - Location of proposed buffer yards and open space, and wetland resource areas in the open spaces.
  - Pedestrian facilities, including sidewalks and walking paths, demonstrating how the site provides universal access. Curb cuts shall be minimized in favor of continuous (uninterrupted) sidewalks along the street or access drive and connecting buildings to buildings.
  
- Architectural Plans and Drawings**
  - Sample floor plans for all unit types, indicating the use of all floor space, dimensions of interior walls, location and dimensions of ingress/egress doors, windows, etc. Plans shall demonstrate compliance with § 173-149, Age-Appropriate Design.
  - Elevations of all buildings and structures, including the principal and accessory buildings, refuse enclosures, walls and fences, retaining walls, canopies, etc. Elevations shall be drawn to scale, showing the height, location, and extent of all material. The front façade of residential buildings shall not be dominated by garage entries, i.e., garages shall not protrude beyond the main body of the house itself. Wherever possible, garages providing direct access to the inside of a dwelling unit should be accessed from a rear driveway or alley.
  - Architectural rendering accurately depicting the colors of all façade materials using an appropriate permanent artistic medium.  
*Note: a sample board will be required prior to final approval.*
  
- Landscaping Plan.** Detailed landscape and open space/recreation plan including but not limited to the square footage of each planting or open space area, location, type, quantity, material size at planting and estimated maturity size, and a maintenance plan. Plan must demonstrate universal access.
  
- For projects subject to Article XXIX, Inclusionary Housing, attach Form 1F, IH Compliance.