

**Application for Conditional Use**  
**Conditional Uses and Buffer Reductions**  
**Section 42.19 - Conservation Overlay District**  
**City of Rochester, NH**

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MAY 06 2015

Planning Dept

Date: 5/4/15

**Property information**

Tax map #: 103; Lot #'s: 124; Zoning district: Neighborhood mixed use

Property address/location: 25 main St E Rochester NH 03868

Name of project (if applicable): \_\_\_\_\_

**Property owner**

Name (include name of individual): Albert Mutascio

Mailing address: same

Telephone #: 207-459-4521 cell Fax \_\_\_\_\_

**Applicant/developer** (if different from property owner)

Name (include name of individual): N/A

Mailing address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Engineer/designer**

Name (include name of individual): N/A

Mailing address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_ Professional license #: \_\_\_\_\_

**Proposed Project**

Please describe the proposed project: See Project Narrative

Please describe the existing conditions: Single family Home

(continued Conditional Use application Tax Map: 103 Lot: 121 )

*\*Please fill in one of the next two sections – for either Conditional Uses or Buffer Reductions\**

### **Conditional Uses**

For Conditional Uses only, justify the proposal in terms of each of the criteria below (in accordance with subsection 42.19 (i) (1) (A)). All four criteria must be satisfied.

(i) The proposed construction is essential to the productive use of land not in the COD.

N/A

(ii) Design and construction methods will be such as to minimize impact upon the wetlands and will include restoration of the site consistent with the permitted use.

N/A

(iii) There is no feasible alternative route on land controlled by the applicant that does not cross the CO District nor has less detrimental impact on the wetlands. Nothing in this Section shall limit the applicant from exploring alternatives with abutting property owners.

N/A

(iv) Economic advantage is not the sole reason for the proposed location of work.

N/A

*(Buffer Reductions on next page)*

## Buffer Reductions

For Buffer Reductions only, justify the proposal in terms of each of the criteria below (in accordance with subsection 42.19 (i) (2) (B)). All four criteria must be satisfied.

(i) The structure for which the exception is sought cannot feasibly, after consideration of all reasonable alternatives, be constructed on a portion or portions of the lot, which lie outside the CO district, or the application of the CO district eliminates greater than 50% of the buildable area located on the parcel or in the judgment of the Planning Board, the proposed site layout would result in a significantly higher quality design.

N/A

(ii) The proposed structure and use must be consistent with the purpose and intent of Section 42.19 and provisions must be made to ensure that drainage from the structure will not adversely impact any wetlands.

N/A

(iii) There shall be no impervious areas for parking within the reduced buffer for which the Conditional Use Approval is sought.

N/A

(iv) The maximum building coverage is limited to 50% of the outer half of the buffer zone, as shown in the diagram below.

N/A

(v) Best management practices must be demonstrated to the satisfaction of the Planning Board.

N/A

\*\*\*\*\*  
**Conservation Commission Recommendation:**

[office use only]

Albert mutascio  
Name of project

Case #

Recommendation:

- ☐ Approval
- ☐ Approval with conditions
- ☐ Denial

Comments/recommended conditions:

No Proposed site changes  
Assisted living Facility to provide assistance with activities  
of daily living in a private residence  
Licensed under RSA 151:9 Chapter He-7800 Part He7804  
This is my primary residence in which we intend to  
care for 2 ~~elder~~ clients.

Conservation Commission

date

Planning Department

date

**Albert Mutascio**  
25 Main Street  
East Rochester, NH 03868  
207-459-4521  
[albertm2@metrocast.net](mailto:albertm2@metrocast.net)

May 5, 2015

Rochester Planning Board  
31 Wakefield St.  
Rochester NH 03867

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I, Albert Mutascio, am requesting a waiver from the requirement to provide a surveyed site plan. The Structure already exists and there will be no outside changes. All changes will be on the interior (none structural, just re-allocation of space) and I will provide a floor plan.

Thank you,



Albert Mutascio



Planning and Development  
Conservation Commission  
Historic District Commission  
Arts and Culture Commission

**PLANNING & DEVELOPMENT DEPARTMENT**  
City Hall - Second Floor  
31 Wakefield Street,  
Rochester, New Hampshire 03867-1917  
(603) 335-1338 - Fax (603) 335-7585  
Web Site: [www.rochesternh.net](http://www.rochesternh.net)

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**PROJECT NARRATIVE FORM**

Date: 05/04/15

**PROPERTY INFORMATION**

TAX MAP #: 103; LOT #(s): 121; ZONE: AcC

PROPERTY ADDRESS/LOCATION: 25 Main St East Rochester NH 03868

NAME OF PROJECT (IF APPLICABLE): N/A

**APPLICANT**

NAME (INCLUDE NAME OF INDIVIDUAL): Albert Mutascio

MAILING ADDRESS: 25 Main St East Rochester

TELEPHONE #: 207-459-4521 Cell EMAIL ADDRESS: albertm2@metrocast.net

**PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)**

NAME (INCLUDE NAME OF INDIVIDUAL): Albert Mutascio

MAILING ADDRESS: Same

TELEPHONE #: 603-822-2386 Home EMAIL ADDRESS: \_\_\_\_\_

**Proposed activity**

Hours of Operation: 24/7

Number of employees: two

Square footage to be used: Approximately 800

Is property now vacant: No

Is there off street parking: N/A

Will there be any outside storage, noise, vibration, light or smoke from the proposed use: None

**Proposed Site changes**

New building/structure: ☐ Addition onto existing building/structure: ☐  
Alterations to existing building: ☐ Demolition: ☐ Signage: ☐  
Site development (other structures, parking, utilities, etc.): ☐ Change of use: ☐

Proposed project description (use extra sheet if needed): No Proposed site changes.

Intend to apply and maintain a license as an Assisted Living Residence-  
Residence Care, as licensed under RSA 151:9 Chapter He-P800  
Part He- P804.

Defined as, "any home where the total of licensed or certified beds does not  
exceed 3 when all the residents receive services."

This will remain the primary residence for my family while we care for  
our clients.

Brief description of previous use (if known):

### **Submission of application**

This application must be signed by the property owner, applicant/developer (if different from property owner).

*I(we) hereby submit this Project Narrative application to the City of Rochester Planning Department and attest that to the best of my knowledge all of the information on this application form is true and accurate. As applicant/developer (if different from property owner)/as agent, I attest that I am duly authorized to act in this capacity.*

Signature of applicant: \_\_\_\_\_



Date: \_\_\_\_\_

5/4/2015

Signature of property owner: \_\_\_\_\_



Date: \_\_\_\_\_

5/4/2015

**\*\* Please note project narratives could take up to two weeks to process depending upon the level of review.**



