



Conditional Use Permit Application
City of Rochester, New Hampshire

Date: 1/5/2017

Property information

Tax map #: 125; Lot #'(s): 125; Zoning district: R-2

Property address/location: 19 Grant Street

Name of project (if applicable): St. Charles School

Property owner

Name (include name of individual): Dominique Rust, VP & COO

Mailing address: 215 Myrtle Street, Manchester, NH 03104-4354

Telephone #: 603-669-3030 Fax 603-626-1252

Applicant/developer (if different from property owner)

Name (include name of individual): Sister Mary Agnes, Administrator

Mailing address: 19 Grant Street, Rochester, NH 03867

Telephone #: 603-332-4768 Fax #: 603-332-3948

Engineer/designer

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Fax #: _____

Email address: _____ Professional license #: _____

Proposed Project

Please describe the proposed project: Historically St. Charles operated as a residential group home with a school for residents on our property. Now we propose to operate as a day school serving local districts for students in crisis and in need of special education services.

Please describe the existing conditions: Currently we are a day school service provider operating 1 classroom with a maximum capacity of 12.

Submission of application

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

I (we) hereby submit this Conditional Use application to the City of Rochester Planning Board pursuant to the City of Rochester Zoning Ordinance and attest that to the best of my knowledge all of the information on this application form and in the accompanying application materials and documentation 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 property owner: *Michelle A. Rust, VP + COO*
Date: 12/30/16

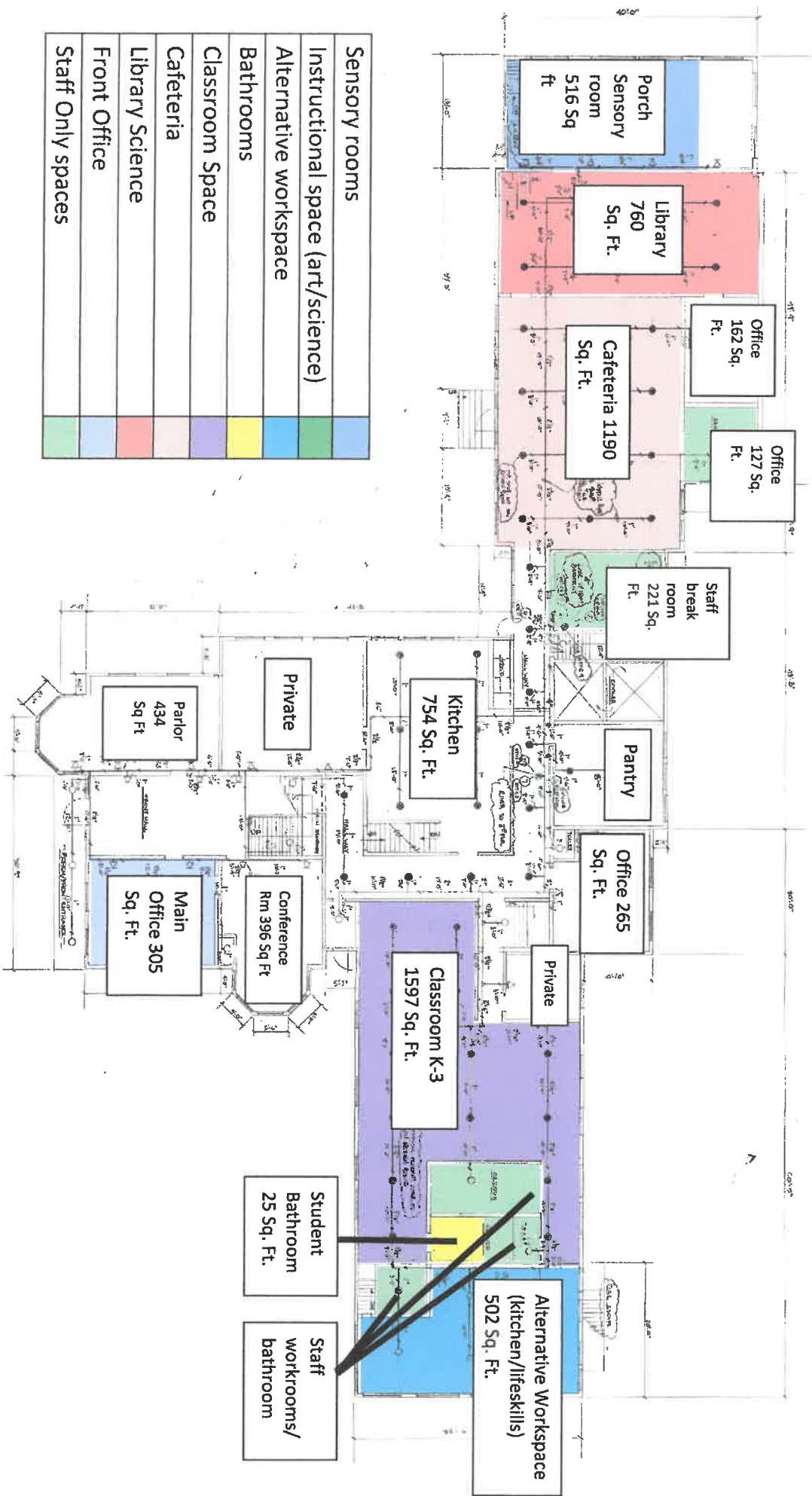
Signature of applicant/developer: *Sarah Z. Lynn, Administrator*
Date: 1-5-17

Signature of agent: _____
Date: _____

St. Charles School

First (Ground) Floor

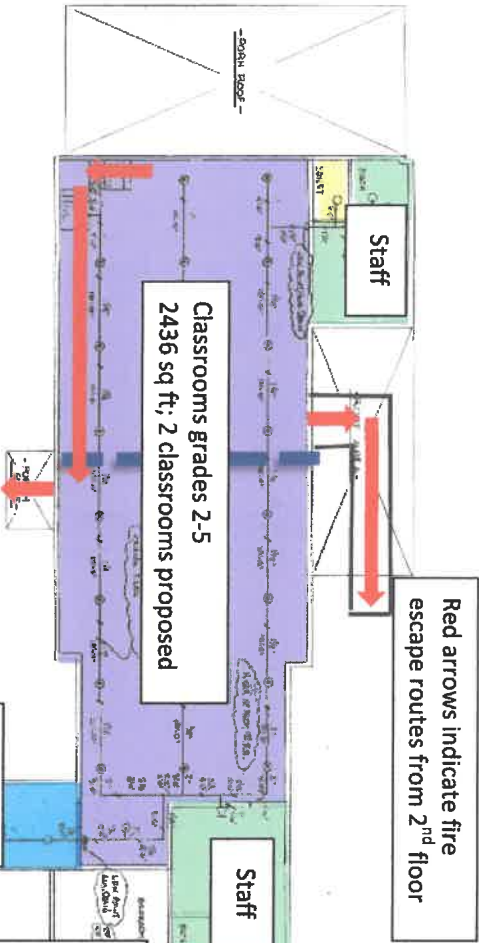
Classroom Grades K-3



St. Charles School

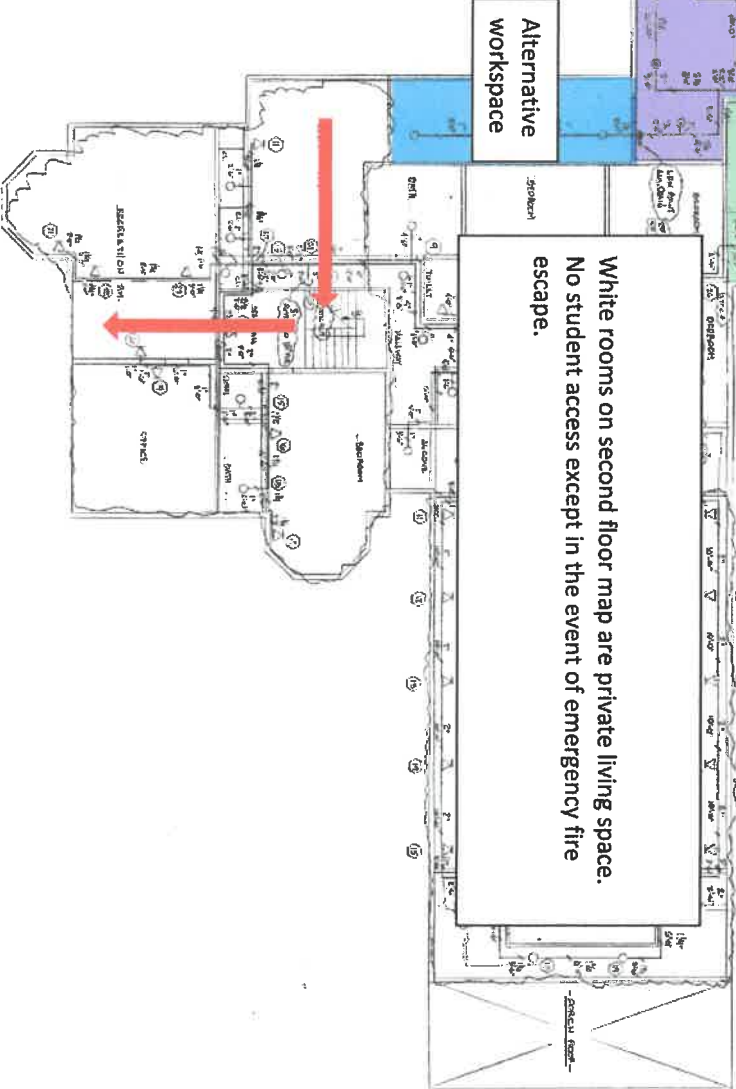
Second Floor

Classroom Grades 2-5



White rooms on second floor map are private living space. No student access except in the event of emergency fire escape.

Sensory rooms	
Instructional space (art/science)	
Alternative workspace	
Bathrooms	
Classroom Space	
Cafeteria	
Library Science	
Front Office	
Staff Only spaces	



St. Charles School Basement Floor

