



**Conditional Use Permit Application**  
**City of Rochester, New Hampshire**

Date: July 6, 2020

**Property information**

Tax map #: 0230-0021-0000; Lot #(s): \_\_\_\_\_; Zoning district: GI

Property address/location: 35E Industrial Way, Suite 11, Rochester, New Hampshire

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

**Property owner**

Name (include name of individual): Nashua VP, LLC, & Arthur W. Sullivan Rev. Tr.; Attn Charles Panasis

Mailing address: 670 N. Commercial St., Ste 303, Manchester, NH 03101

Telephone #: 603-799-6926 Fax: cpanasis@bradysullivan.com

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

Name (include name of individual): Bonfire Behavioral Health, LLC; ~~Amatus Recovery Centers~~ Jonathan Gerson

Mailing address: 10019 Reisterstown Road, 3rd Fl., Owings Mills, MD 21117

Telephone #: 781-558-8693 Fax #: closter@amatusrecoverycenters.com

**Engineer/designer**

Name (include name of individual): Brady Sullivan; Attn Charles Panasis

Mailing address: 670 N. Commercial St., Ste 303, Manchester, NH 03101

Telephone #: 603-799-6926 Fax #: \_\_\_\_\_

Email address: cpanasis@bradysullivan.com Professional license #: \_\_\_\_\_

**Proposed Project**

Please describe the proposed project: Outpatient behavioral clinic offering individual, group and family counseling. No medication to be administered or distributed on site. Applicant seeks a medical office conditional use permit.

Please describe the existing conditions: The property is currently in the G1 zoning district.

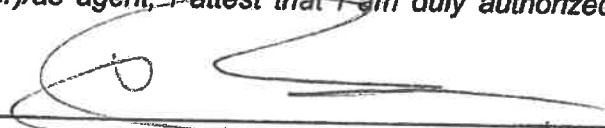
There are existing office buildings on the site with various uses.

### 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:


  
Bonfire Behavioral Health, LLC

Date:

7/6/20

Signature of applicant/developer: By:

Jonathan Gerson

  
Authorized Signatory

Date:

7/7/20

Signature of agent:



Date:

7/6/20

## **Attachment to Project Narrative Form**

### **Bonfire Behavioral Health, LLC**

#### **Proposed Project Description – 35E Industrial Way, Suite 11**

Bonfire Behavioral Health, LLC (the “Facility”), a company managed by Amatus Health, LLC, a national behavioral health company, with an office located at 10019 Reisterstown Road, Owings Mills, MD, seeks to occupy 35E Industrial Way, Suite 11, in Rochester, NH 03867, for the purposes of providing outpatient substance abuse treatment services, primarily intended for the underserved Medicaid population in the State of New Hampshire. The Facility has obtained a Medicaid license number from the Department of Health and Human Services and can begin rendering services as soon as the location is permitted.

Services are provided on an outpatient basis, from the hours of 8:30am to 5:00pm, Sunday through Saturday, depending upon needs of the persons served. Length of treatment will again depend on the needs of the persons served; however, it is projected a typical treatment plan will last between 30-60 days. The projected client census is estimated to reach an average of 40-45 clients on any given day, along with 15 full time clinical and support staff, for an average client to staff ratio of 1/3.

Programming consists of wrap around services, including individual and group therapy, physician evaluation, family support services, vocational assistance, case management, and aftercare planning and referrals. Daily programming follows a strict schedule, allowing only for short breaks between therapy services and a 1.5-hour lunch break, for which clients can return to their respective homes or remain on site in a community style lunchroom. Food services are not provided by the facility. The facility does not control, possess, nor administer medications at any time. Without limitation, the facility will not be used as a methadone clinic. The facility will transport clients to and from the site, for those who do not have such resources at their disposal.

The facility is seeking occupancy for the above location for September 1, 2020, and to begin rendering services immediately considering the rising rates of opioid overdose and alcohol dependency within the State of New Hampshire.

Pursuant to §275-21.3 of the Zoning Ordinance for Rochester, New Hampshire, the applicant states that:

- A. The medical offices use is a conditional use under the Table of Uses in Article 18;
- B. The proposed facility and conditional use are consistent with the purpose and intent of the applicable chapter;

- C. The proposed facility and conditional use are consistent with the purpose and intent of the Master Plan;
- D. The proposed facility and conditional use are compatible with the general dimensional, use, and design characteristics of the neighborhood and surrounding area;
- E. The proposal will not adversely impact the quality of the streetscape – indeed, it will have no effect on the streetscape;
- F. The use or departure is solely confined to the interior of an office building, and will have no impact, whatsoever, on natural, scenic, historic, or cultural resources, and will be designed with sensitivity to environmental constraints; and
- G. The use does not place an undue burden upon the City's resources, including the effect on the city's water supply and distribution system, sanitary and storm sewage collection and treatment systems, fire protection, police protection, streets and schools. Indeed, the use will alleviate the heavy burden upon the City caused by the opioid crisis.



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

**PLANNING & DEVELOPMENT DEPARTMENT**  
City Hall Annex  
33 Wakefield Street,  
Rochester, New Hampshire 03867-1917  
(603) 335-1338 - Fax (603) 330-0023  
Web Site: [www.rochesternh.net](http://www.rochesternh.net)

**PROJECT NARRATIVE FORM**

Date: July 6, 2020

**PROPERTY INFORMATION**

TAX MAP #: 0230-0021-0000 ; LOT #'S: \_\_\_\_\_ ; ZONE: GI

PROPERTY ADDRESS/LOCATION: 35E Industrial Way, Suite 11, Rochester, NH

NAME OF PROJECT (IF APPLICABLE): \_\_\_\_\_

**APPLICANT**

NAME (INCLUDE NAME OF INDIVIDUAL): Bonfire Behavioral Health, LLC; Christopher Foster Jonathan Gerson

MAILING ADDRESS: 10019 Reisterstown Rd., 3rd Flr., Owings Mills, Maryland 21117

TELEPHONE #: 781-558-8693 EMAIL ADDRESS: cfoster@amatusrecoverycenters.com

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

NAME (INCLUDE NAME OF INDIVIDUAL): Nashua VP, LLC, & Arthur W. Sullivan Rev. Tr.; Attn: Charles Panasis

MAILING ADDRESS: 670 N. Commercial Street, Suite 303, Manchester, New Hampshire 03101

TELEPHONE #: 603-799-6926 EMAIL ADDRESS: cpanasis@bradysullivan.com

**Proposed activity**

Hours of Operation: 8:30 am - 5:00 pm, Sunday - Saturday

Number of employees: 15

Square footage to be used: 8,081

Is property now vacant: Yes

Is there off street parking: Yes

Will there be any outside storage, noise, vibration, light or smoke from the proposed use: No

## 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: Y

Proposed project description (use extra sheet if needed): See attached.

**Brief description of previous use (if known):** General offices for an IT company.

**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:

Jonathan Gersh

~~Christopher Foster~~, for Bonfire Behavioral Health, LLC

Date:

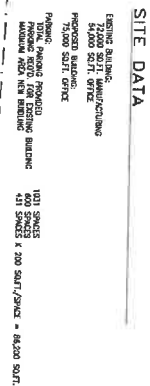
7/7/20

Signature of property owner:

[Signature]

Date:

7/6/20



EXISTING BUILDING:	
72,000 SQ.FT. MANUFACTURING	
54,000 SQ.FT. OFFICE	
PROPOSED BUILDING:	
75,000 SQ.FT. OFFICE	
Parking:	
TOTAL PARKING PROVIDED	1031 SPACES
PARKING REQUIRED FOR EXISTING BUILDING	600 SPACES
MODULAR AREA WITH BUILDING	431 SPACES
	K 200 SQ.FT./SPACE = 86,500 SQ.FT.

EXISTING BUILDING:	
72,000 SQ.FT. MANUFACTURING	
54,000 SQ.FT. OFFICE	
PROPOSED BUILDING:	
75,000 SQ.FT. OFFICE	
Parking:	
TOTAL PARKING PROVIDED	1031 SPACES
PARKING REQUIRED FOR EXISTING BUILDING	600 SPACES
MODULAR AREA WITH BUILDING	431 SPACES
	K 200 SQ.FT./SPACE = 86,500 SQ.FT.

1011 SPACES  
600 SPACES  
431 SPACES X 200 SOFT./SPACE = 86,200 SOFT.

NEW HAMPSHIRE

ROCHESTER,

**SUBJECT:**

SCALE: 1"=50'-0"

## SITE PLAN

DATE: 04/14/84

REV. NO.	REVISIONS	DATE
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UDELSMAN  
ASSOCIATES

ARCHITECTURE PLANNING DESIGN

13 NEWBORN RD-2  
DENNY, NEW HAMPSHIRE 03530  
603-437-3242 Fm 437-1729

SHEET NO.:

U





BRADY-SULLIVAN

**BRADY SULLIVAN  
PROPERTIES**

**MANCHESTER,  
NH**

Project  
35E INDUSTRIAL WAY,

ROCHESTER NH

## 35 Industrial Ground Floor Vacancy

Sandra

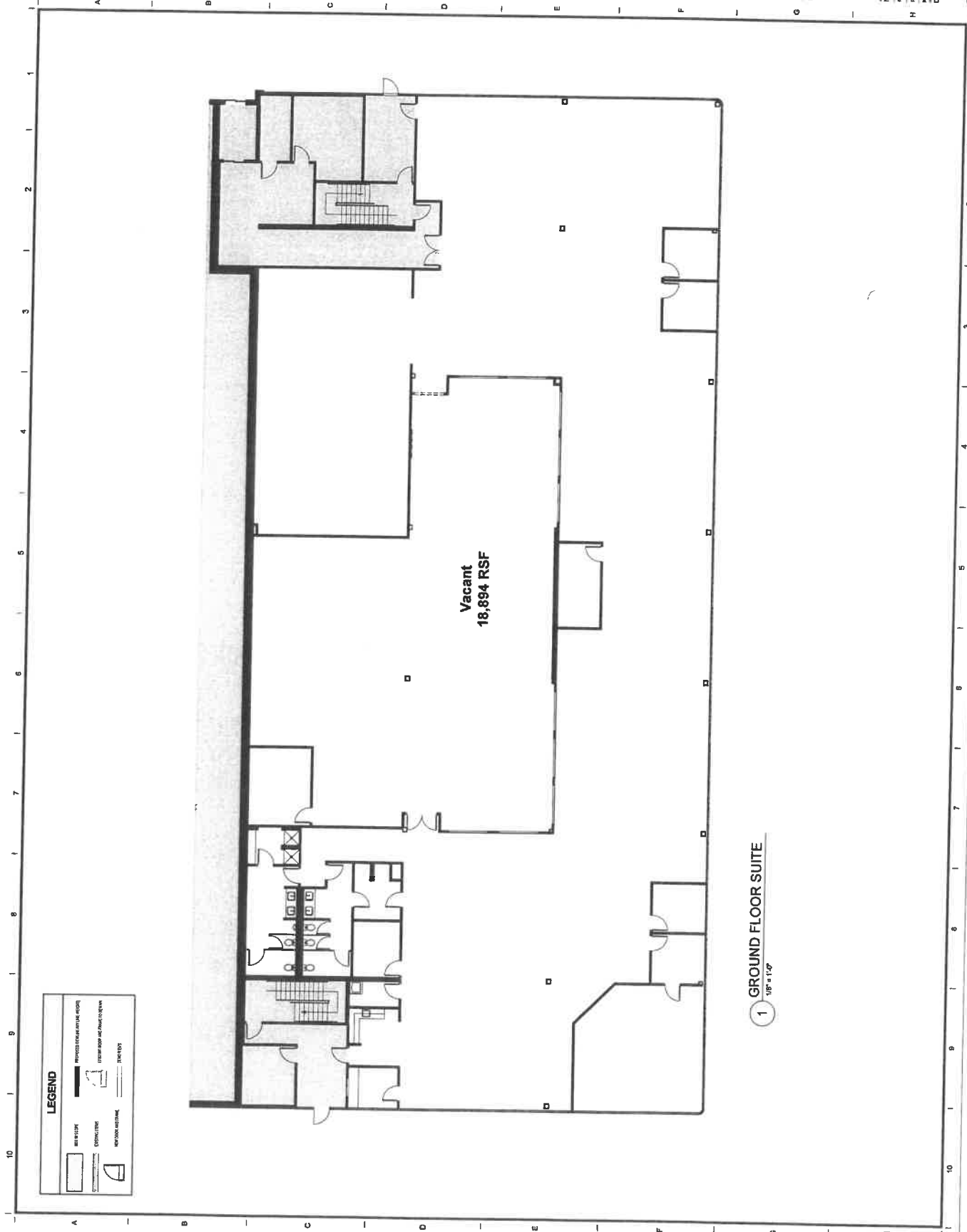
Billing Cycle	Description
Billing Date	Description
No.	

Swing Tide  
**GROUND FLOOR  
SUITE**

Status Date:		2-10-2020	
Project No:	Scale:	1/8" = 1'-0"	
Project Manager:	Production Leader:		
Project Architect:	Page Number:	6	of

Drawing Number

## A1.5



1 GROUND FLOOR SUITE  
1/8" = 1'-0"

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