

Modification to Approved Project
City of Rochester, New Hampshire

Case # _____ Property Address 35 Industrial Way, Suite 11, Rochester, New Hampshire

Type of project: Site Plan _____; Subdivision _____; Line Adjustment _____; Other x _____

Project name Bonfire Behavioral Health LLC

Date of original Planning Board approval _____

Description of modification: Modify the use of 8,081 square feet of office into 8,081 square feet
of medical office space.

Name of applicant or agent filling out this form Chris Foster

Mailing Address 10019 Reisterstown Road, 3rd Floor, Owings Mills, MD 21117

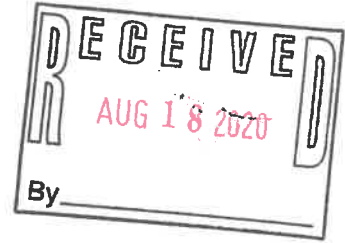
Phone Number: 781-558-8693 Email Address: cfoster@bonfirenh.com

Please check box: Applicant ☒ Agent ☐

Signature of person completing form: _____ Date: August 17, 2020

Signature of property owner (if different): _____ Date: 8/17/20

Please note: Modifications are reviewed by the Planning Board but no public hearing is held and no notices are required. (In contrast, projects, which are considered to have a potential impact upon abutters, are considered amendments for which notice and a public hearing is required.) There is a \$125.00 fee for a modification. For very simple matters ("administrative modifications") approved by staff, there is no fee.



Conditional Use Permit Application
City of Rochester, New Hampshire

Date: August 17, 2020

Property information

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

Property address/location: 35 Industrial Way, Suite 11, Rochester, NH

Name of project (if applicable): _____

Property owner

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

Mailing address: 670 N Commercial Street, Suite 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, Chris Foster

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

Telephone #: 781-558-8693 **Fax #:** 19542122328

Engineer/designer

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

Mailing address: 670 N Commercial Street, Suite 303, Manchester, NH 03101

Telephone #: 603-799-6926 **Fax #:** _____

Email address: cpanasis@bradysullivan.com **Professional license #:** _____

Proposed Project

Please describe the proposed project: Applicant seeks a medical office conditional use permit to operate an outpatient behavioral health clinic offering individual, group, and family counseling. Full Narrative attached.

Please describe the existing conditions: The project is existing in the GI zoning district. There
are currently a number of other tenants to be described in detail in the narrative.
of medical office space.

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: 

Date: August 17, 2020

Signature of applicant/developer: 

Date: August 17, 2020

Signature of agent: 

Date: 8/17/20

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, 3rd Floor, 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. 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.

Programming consists of individual and group therapy, physician evaluation, family support services, vocational assistance, case management, and aftercare planning and referrals. The level of care and placement decisions will be determined based on the guidance of the American Society of Addiction Medicine (“ASAM”). Prior to placement in the Facility, the clients will be screened to ensure that they have completed in-patient treatment, if appropriate, including detoxification and residential treatment.

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. 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. Certified Case Managers will have caseloads of 10-20 clients. The caseloads will be contingent on the level of care and compatibility of the therapist and client. Therapists will follow their clients from enrollment to completion. The Facility is not classified as any category under the educational system. The Facility will operate in a similar manner as local organizations such as the Wellness and Recovery Place and Road to a Better Life.

The Facility does not control, possess, nor administer medications at any time. Without limitation, **the Facility will not be used as a methadone clinic, residential treatment center or pharmacy.** Medications may be prescribed by the Psychiatric Mental Health Nurse Practitioner, but clients are responsible for filling those prescriptions offsite.

Direct client care clinical staff who render services, such as, individual, group, and family therapy, are all trained, certified, and licensed professionals. The licenses include, without limitation, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Alcohol and Drug Counselor, Licensed Family and Marriage Therapist, and Certified Addiction Professional. Direct client care staff rendering life skills development are Certified Recovery Support Workers and Certified Recovery Coaches. Client may also see the Psychiatric Mental Health Nurse Practitioner.

The Facility will transport clients to and from the site, for those who do not have such resources at their disposal. Most clients will either be picked up at their sober living residences or at their homes via two (2) 11-14 passenger vans each morning and dropped off after completion of sessions in the evenings. The vans will park in normal parking spaces in the parking lot. There is no need to designate a "bus stop" or "shuttle drop".

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. Specifically, the proposed conditional use will not negatively affect public safety, the public interest, or the operations or interests of neighboring tenants and owners. In fact, there is a significant need for substance abuse treatment, such that the proposed use would enhance public safety and is affirmatively in the public interest;
- C. The proposed facility and conditional use are consistent with the purpose and intent of the Master Plan, given that the proposal will have no effect upon 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. Approval of the Facility would have no effect upon the dimensions or design of the neighborhood or surrounding area. Any design changes will be minor and solely confined to the interior of the premises;
- E. The proposal will not adversely impact the quality of the streetscape – indeed, it will have no effect on the streetscape because there will be no exterior design changes;
- 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, with its ultimate goal being to alleviate the need for enhanced police protection, court proceedings, and incarceration. The Facility will have no special water or sewer needs that would be in excess of any standard office building.

Per Site Plan Regulation Article III, Section 10, the following is a list of current tenants on the subject property, a brief description of the tenant use, the square footage of area each tenant is utilizing, and number of parking spaces required for each use:

Name	Space Used	Use	Parking Spaces
YMCA	27,000	Gym	81 (3/1000 SF)
Contitech (Warehouse)	77,500	Manufacturer	78 (1/1000 SF)
Contitech (Office)	12,000	Manufacturer	36 (3/1000 SF)
3 Phase Line Construction	6,555	General Contractor	20 (3/1000 SF)

All of the foregoing tenants have their respective certificates of use for their operations.





Brady Sullivan Properties
 670 N. Commercial Street
 Manchester, NH 03101
 603.522.8223

BRADY SULLIVAN

Owner
**BRADY SULLIVAN
 PROPERTIES**
 MANCHESTER, NH

Project
**35E INDUSTRIAL WAY,
 ROCKFORD, NH**

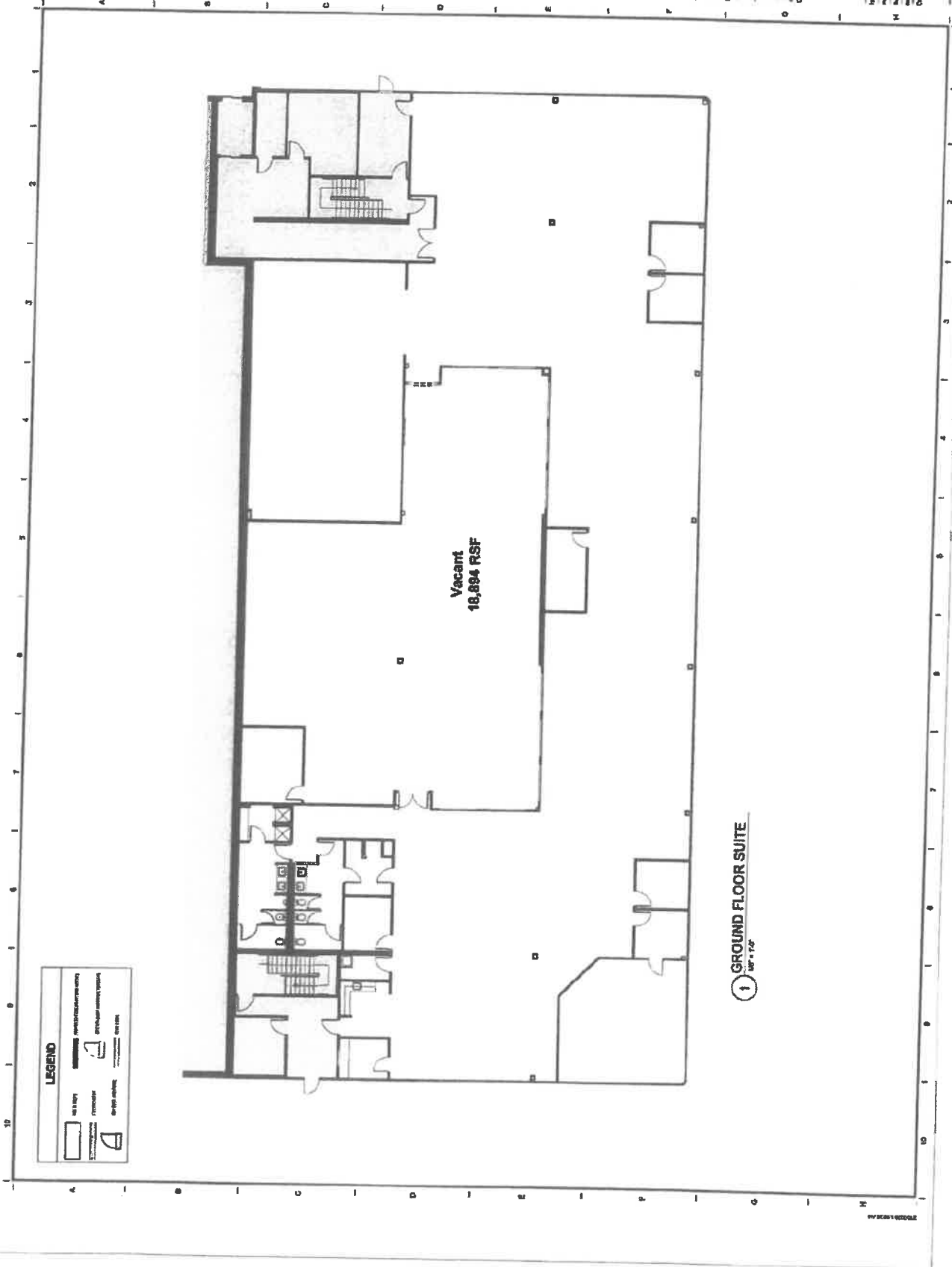
**35 Industrial
 Ground Floor
 Vacancy**

Room	Area	Notes
101	10,000	Office
102	10,000	Office
103	10,000	Office
104	10,000	Office
105	10,000	Office
106	10,000	Office
107	10,000	Office
108	10,000	Office
109	10,000	Office
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117	10,000	Office
118	10,000	Office
119	10,000	Office
120	10,000	Office

**GROUND FLOOR
 SUITE**

Project Name	35 Industrial
Project No.	001
Project Manager	Brady Sullivan
Project Date	3-10-2023
Project Status	Completed
Project Budget	\$1,000,000
Project Cost	\$800,000
Project Profit	\$200,000

A1.5



1 GROUND FLOOR SUITE
 10' x 10'

LEGEND

101	Office
102	Office
103	Office
104	Office
105	Office
106	Office
107	Office
108	Office
109	Office
110	Office
111	Office
112	Office
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115	Office
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119	Office
120	Office





Brady Sullivan Properties
870 N. Commercial Street
Manchester, NH 03101
603.822.8223



Brady Sullivan
Properties
Manchester, NH

Project
385 INDUSTRIAL WAY,
ROCHESTER, NH

8,081 RSF

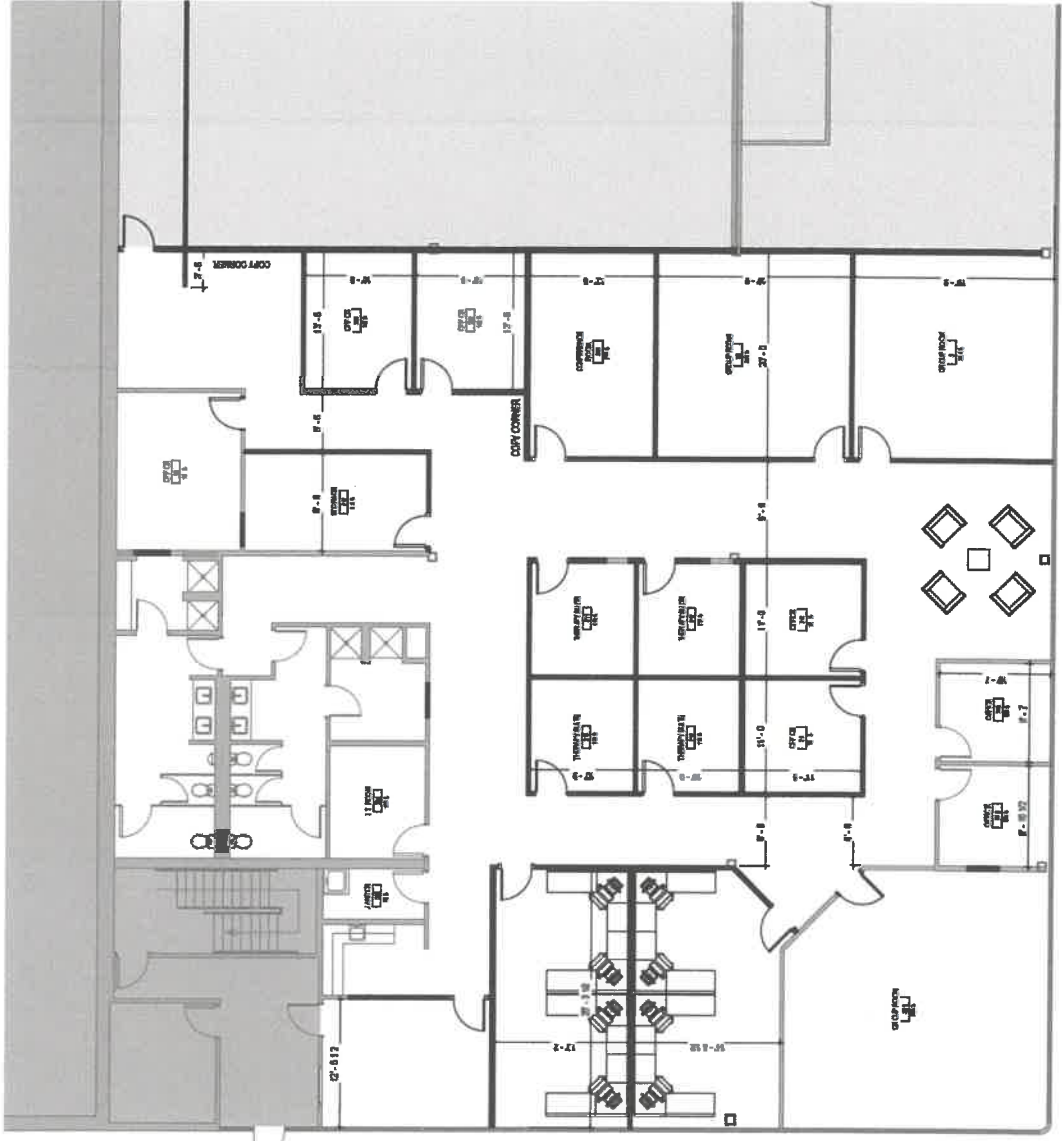
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Ground Floor
Suite

Sheet No.	01-0000
Rev.	A
Rev. Description	Revised
Rev. Date	01/11/2011
Rev. By	01/11/2011
Rev. For	01/11/2011

A1.5

LEGEND	
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1 GROUND FLOOR SUITE
3/10' 1/10'



Lori A. Shibinette
Commissioner

Melissa A. St. Cyr, Esq.
Chief Legal Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES LICENSING AND CERTIFICATION

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9499 1-800-852-3345 Ext. 9499
Fax: 603-271-8716 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 5, 2020

Michael Silberman
Bonfire Behavioral Health
Bonfire Recovery Services
10 Grove Street
Dover, NH 03820

Dear Mr. Silberman,

At this time, the state of New Hampshire, Department of Health and Human Services, Health Facilities Licensing and Certification does not license nor certify Intensive Outpatient Services (IOP) or Partial Hospitalization Programs (PHP). Please refer to NH RSA 151 for all health facilities and services this department currently license.

Sincerely,

Kelly Keefe, RN
Clinical Supervisor
Health Facilities Administration

cc: License file



Jeffrey A. Meyers
Commissioner

Melissa A. St. Cyr, Esq.
Chief Legal Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES LICENSING AND CERTIFICATION

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9499 1-800-852-3345 Ext. 9499
Fax: 603-271-4968 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

April 23, 2018

Andrew West
Bonfire Behavioral Health
10 Grove Street
Unit A
Dover, NH 03820

Re: Bonfire Behavioral Health IOP/PHP services

Dear Mr. West;

This letter is in response to your request for information regarding licensing for your outpatient substance abuse treatment center. Just to confirm DHHS/HFA/Licensing does not at this time license Intensive Outpatient Services (IOP) or Partial Hospitalization Programs (PHP), if they are strictly outpatient services.

The following is what you have identified as the scope of services being provided:

- Partial Hospitalization with 6 hours of outpatient therapy provided by a clinician.
 - Intensive Outpatient with 3 hours of outpatient therapy provided by a clinician.
 - Individual and Group outpatient 1:1 with 45-60 minutes of outpatient therapy provided by a clinician.
- This also includes couples and families affected by SUD.

If you should at a later date decide to add additional services or change the scope of services provided we may need to re-evaluate your need for licensing.

Sincerely,

Holly Wentworth, MSN, RN, CCM
Licensing Supervisor
Health Facilities Administration Licensing



100 foot Abutters List Report

Rochester, NH
July 06, 2020

Subject Property:

Parcel Number: 0230-0021-0000
CAMA Number: 0230-0021-0000
Property Address: 35 INDUSTRIAL WAY

Mailing Address: NASHUA VP LLC & SULLIVAN ARTHUR W
REV TRUST %
670 NORTH COMMERCIAL ST SUITE 303
MANCHESTER, NH 03101

Abutters:

Parcel Number: 0221-0001-0000
CAMA Number: 0221-0001-0000
Property Address: 6 INDUSTRIAL WAY

Mailing Address: IRM PROPERTIES LLC
181 STAGECOACH RD
BARRINGTON, NH 03825-7440

Parcel Number: 0221-0002-0000
CAMA Number: 0221-0002-0000
Property Address: 0 INDUSTRIAL WAY

Mailing Address: CITY OF ROCHESTER
31 WAKEFIELD ST
ROCHESTER, NH 03867-1916

Parcel Number: 0221-0024-0000
CAMA Number: 0221-0024-0000
Property Address: 0 TEN ROD RD

Mailing Address: BROCK SCOTT A REV TRUST % BROCK
SCOTT A TRUSTEE
46A TEN ROD RD
ROCHESTER, NH 03867-4295

Parcel Number: 0230-0016-0000
CAMA Number: 0230-0016-0000
Property Address: 0 TEN ROD RD

Mailing Address: CITY OF ROCHESTER
31 WAKEFIELD ST
ROCHESTER, NH 03867-1916

Parcel Number: 0230-0017-0000
CAMA Number: 0230-0017-0000
Property Address: 10 INDUSTRIAL WAY

Mailing Address: CLOITRE ROGER TRUST % ROGER
CLOITRE TRUSTEE
10 INDUSTRIAL WAY
ROCHESTER, NH 03867

Parcel Number: 0230-0019-0000
CAMA Number: 0230-0019-0000
Property Address: 20 INDUSTRIAL WAY

Mailing Address: LAARS HEATING SYSTEMS CO % LORA
HUWE
20 INDUSTRIAL WAY
ROCHESTER, NH 03867

Parcel Number: 0230-0020-0000
CAMA Number: 0230-0020-0000
Property Address: 36 INDUSTRIAL WAY

Mailing Address: SERVICE CREDIT UNION
3003 LAFAYETTE RD
PORTSMOUTH, NH 03801-5904



www.cai-tech.com

7/6/2020

Data shown on this report is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this report.

Page 1 of 1

Abutters List Report - Rochester, NH

BROCK SCOTT A REV TRUST
% BROCK SCOTT A TRUSTEE
46A TEN ROD RD
ROCHESTER, NH 03867-4295

CITY OF ROCHESTER
31 WAKEFIELD ST
ROCHESTER, NH 03867-1916

CITY OF ROCHESTER
31 WAKEFIELD ST
ROCHESTER, NH 03867-1916

CLOITRE ROGER TRUST % ROG
CLOITRE TRUSTEE
10 INDUSTRIAL WAY
ROCHESTER, NH 03867

IRM PROPERTIES LLC
181 STAGECOACH RD
BARRINGTON, NH 03825-7440

LAARS HEATING SYSTEMS CO
LORA HUWE
20 INDUSTRIAL WAY
ROCHESTER, NH 03867

SERVICE CREDIT UNION
3003 LAFAYETTE RD
PORTSMOUTH, NH 03801-5904