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Planning Dept.

MINOR SITE PLAN APPLICATION

City of Rochester, New Hampshire

Date: 10-5-10 [office use only. Check # 5256 Amount \$ 300.- Date paid 10/5/10]

Property information

Tax map #: 240; Lot #'s): 67; Zoning district: R1

Property address/location: 8 Mandela Dr

Brief project description: Emily group child care

Property owner

Name (include name of individual): Alan & Sandra Provancher

Mailing address: 890

Telephone #: 603-335-5968 Email address: svprovancher@yahoo.com

Applicant/developer (if different from property owner)

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Email address: _____

Engineer/surveyor/designer (if applicable)

Name (include name of individual): _____

Mailing address: _____

Telephone #: _____ Email address: _____

Check one:

- ☐ Nonresidential project
☒ Residential project

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Nonresidential projects (if applicable)

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> change of use | <input type="checkbox"/> new building | <input type="checkbox"/> building addition |
| <input type="checkbox"/> new parking area | <input type="checkbox"/> expansion of existing parking area | |
| <input type="checkbox"/> new signage; | <input type="checkbox"/> exterior lighting | <input type="checkbox"/> other site changes |

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Describe current use/nature of property: _____

Describe proposed use/activity: _____

parking spaces: existing: _____; total proposed: _____

Current square footage of building _____; Proposed square footage of building _____

City water? yes ___ no ___; How far is City water from the site? _____

City sewer? yes ___ no ___; How far is City sewer from the site? _____

If City water, what are the estimated total daily needs? _____ gallons per day

Where will stormwater be discharged? _____

Residential projects (if applicable)

Number of existing dwelling units: 2 Total number of proposed dwelling units: 0

New building(s)? 0 Addition(s)/modifications to existing building(s)? 0

Describe current use/nature of property: home child care

Describe proposed use/activity: family group child care

of parking spaces: existing: 10+ total proposed: _____

Comments

Please feel free to add any comments, additional information, or requests for waivers here:

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Submission of application & acknowledgement about process

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 Site Plan application to the City of Rochester Planning Board pursuant to the City of Rochester Site Plan Regulations 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. **I also acknowledge that this project could be referred to the Planning Board for a new, full Planning Board review at the request of any person after any Minor Site Approval and that I would need to renotify abutters in that case** (in accordance with RSA 674:43 III).

Signature of property owner: _____

[Handwritten Signature]

Date: 10/5/10

Signature of applicant/developer: _____

Date: _____

Signature of agent: _____

Date: _____

Authorization to enter property

I hereby authorize members of the Rochester Planning Board, Zoning Board of Adjustment, Conservation Commission, Planning Department, and other pertinent City departments, boards and agencies to enter my property for the purpose of evaluating this application including performing any appropriate inspections during the application phase, review phase, post-approval phase, construction phase, and occupancy phase. This authorization applies specifically to those particular individuals legitimately involved in evaluating, reviewing, or inspecting this specific application/project. It is understood that these individuals must use all reasonable care, courtesy, and diligence when entering the property.

Signature of property owner: _____

[Handwritten Signature]

Date: 10/5/10

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Family DAY CARE APPLICATION

Name: Alan + Sandy Provencher

Address: 8 Mandela Dr

Property address if different: _____

Phone: 603-335-5968

Assessor's Map: 240, Lot #: 67 Zone: R1

Applicant's (provider's) own children number: 0 Ages: _____

Number of children to be cared for (not counting your own): 6 Preschool 3 school

Hours of operation: 6:00 AM to 6:00 PM Days: M-F

Size of lot: 2⁰⁰ acres Size of yard: _____

Play area: 50 x 100 feet

Please provide a drawing showing the house, lot, play area, and the area for pick up and drop off of the children.

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October 4, 2010

Planning Dept.

City of Rochester
Planning Department
Wakefield Street
Rochester, NH 03868

For the past four years I have been caring for nine children in my home. I have been informed that because three are not related I must be licensed. My prayer is that you would approve the zoning.

In our home I use 850 square feet for the children. There are play areas plus many book cases full of toys. The deck which is 14 by 20 is set up as a play area. To the back of the property we have a 50 by 100 feet play area for the children to run around.

We are not planning on any changes or expansions. There will not be a sign hung out or any advertising done because we only care for family and close family friend's children.



Alan Provencher



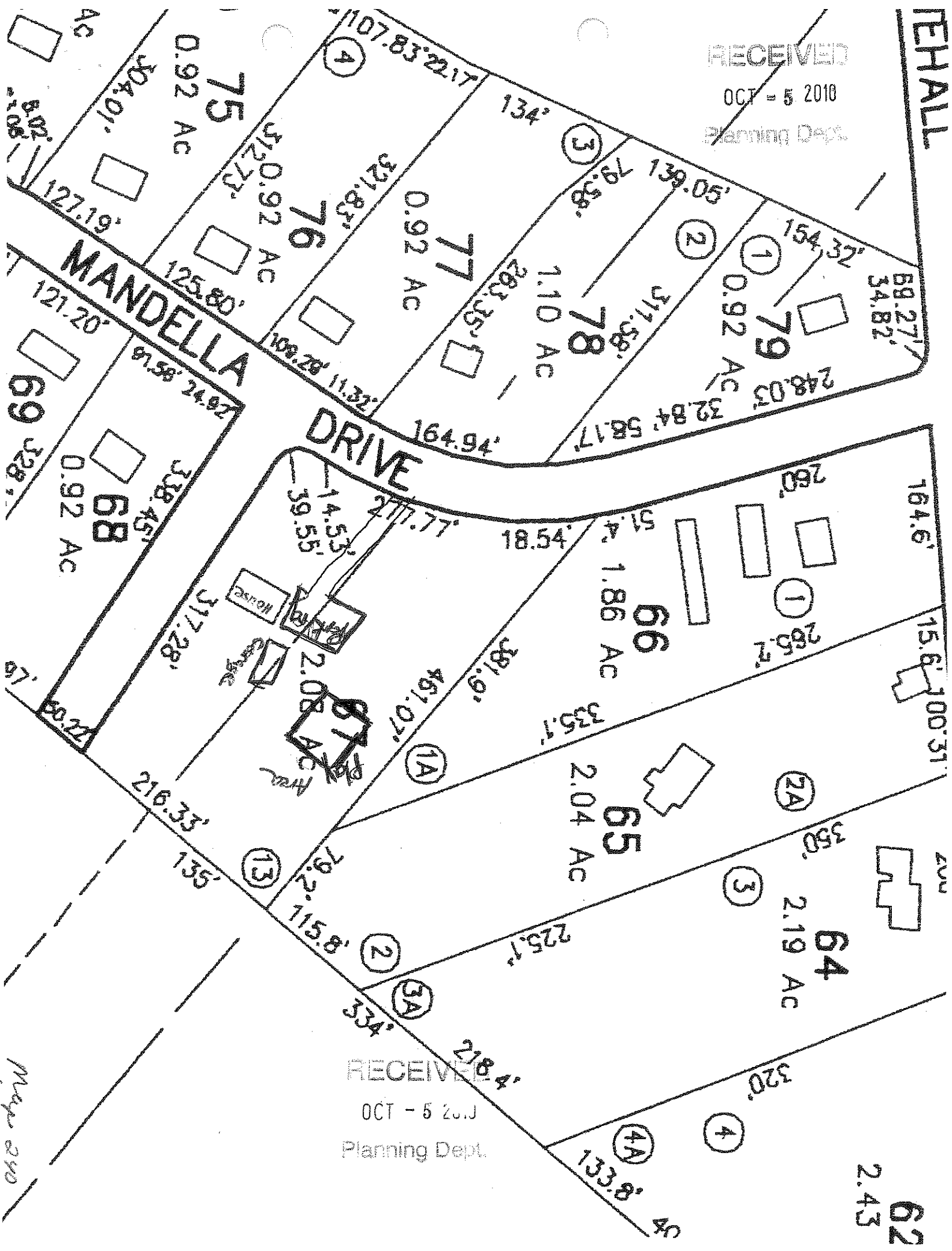
Sandra Provencher

TEHALL

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Map 240

Applicant: Alan & Sandra Provender Phone 603-335-5968

Project Address: 8 Mandela Dr

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List the names and addresses of all parties below. For abutting lot owners, list each owner whose lot adjoins or is directly across the street or a body of water from the subject property. This form may not be completed more than five (5) days prior to the application deadline.

LEGAL OWNER OF SUBJECT LOT

Map	Lot	Zone	Owner Name	Mailing Address
① 240	67	R1	Alan & Sandra Provender	8 Mandela Drive Rochester NH 03868

ABUTTING LOT OWNERS

Map	Lot	Owner Name	Owner Mailing Address (NOT property location)
2 240	68	Paul Polychronis Trust	39 County Farm Rd Dover NH 03820
3 240	66	V.E.K. Brooks & E.J. Keitel EJB	107 Whitehall Rd Rochester NH 03868
4 240	65	Barbara Nadeau	109 Whitehall Rd Rochester NH 03867
5 240	79	Santiago & Sandra Miranda	1 Mandela Dr Rochester NH 03868
6 240	78	James & Bessie Carpenter	7 Mandela Dr Rochester NH 03868
7 240	77	Joseph & Rebecca Ziadah	9 Mandela Dr Rochester NH 03868
8 240	83	Martin Ferwerda	15 Fielding Way Rye NH 03870
9 240	61	Linda Ferwerda	15 Fielding Way Rye NH 03870

PROFESSIONALS AND EASEMENT HOLDERS. Engineers, Surveyors, Soil Scientists, and Architects whose seal appears or will appear on the plans (other than any agent submitting this application); holders of conservation, preservation, or agricultural easements; and upstream dam owners/NHDES.

Name of Professional or Easement Holder	Mailing Address
PSNH Has ROW Thru Property	

I, the undersigned, acknowledge that it is the responsibility of the applicant or his/her agent to fill out this form and mail certified notices to abutters and other parties in a complete, accurate, and timely manner, in accordance with applicable law. I understand that any error or omission could affect the validity of any approval. The names and address listed on this form were obtained from the City of Rochester Assessing Office computer Patriot Database (located in the Revenue Bldg at 19 Wakefield Street)

on this date: 10/4/10, This is page 1 of 1 pages.

Applicant or Agent: [Signature]

Staff Verification: [Signature]

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