



TOWN OF NORTHBRIDGE PLANNING BOARD

APPLICATION FOR SITE PLAN REVIEW

NORTHBRIDGE MEMORIAL TOWN HALL - 7 MAIN STREET - WHITINSVILLE, MA 01588
PHONE (508) 234-2447 - FAX (508) 234-0814

Date: March 18, 2024

Applicant: Gadoury Homes, LLC

Address: 6 Reservoir Avenue, P.O. Box 495, Manchaug, MA 01590

Contact information: mailing address / phone #: Norman R. Gadoury, Manager

6 Reservoir Avenue, P.O. Box 495, Manchaug, MA 01590 (508) 958-3609

Owner: Same

Address: _____

Contact information: mailing address / phone #: _____

To the Planning Board of the Town of Northbridge

Site Plan of 163-173 Border Street in

The undersigned, being the applicant for approval of a site plan review shown on a plan entitled: Northbridge, Massachusetts

designed by Allen Engineering & Associates

, dated March 18, 2024 and described as follows:

A plan showing Proposed parking on an existing paved and gravel parking area to include 24 spaces upon conversion of the building from 6 units to 12 units of residential housing.

Location (Street address): 163-173 Border Street

Assessor Plat Info: Map 6A Parcel(s) 83

Zoning District: Residential Five

Total acreage of tract: 0.588 acres (25, 628 square feet)

Proposed Use: Multi-Family

Total square footage of gross floor area proposed: 6,183

Project is a new structure or group of structures:

Yes ☐ No ☒

Project is an improvement, alteration, or addition to existing structures:

Yes ☒ No ☐

Specify if proposal requires permit/approval(s) from other permitting authorities:

Yes ☒ No ☐ Unknown ☐

Will project require: Special Permit ☐ and/or Variance ☒ (Explain in narrative to be included with application)

Applicant hereby submits site plan in accordance with the Northbridge Zoning By-law Article X Section 173-49.1 for approval

The undersigned's title to said land is derived from Kalidas R. Patel by deed dated February 25, 2009 and recorded in the

Worcester County District Registry of Deeds Book 43855, Page 311, registered in the _____

County Registry District of the Land Court, Certificate of Title No. _____

Applicant's Signature: [Signature] Date: January 18, 2024

Applicant's Address: 6 Reservoir Avenue, P.O. Box 495, Manchaug, MA 01590

Applicant's Telephone: (508) 958-3609

Owner's Signature: [Signature] Date: January 18, 2024

Owner's Address: 6 Reservoir Avenue, P.O. Box 495, Manchaug, MA 01590

Owner's Telephone: (508) 958-3609

Applicant's Authorization if not the owner: _____

Official Use Only:

Fee: \$ _____ Date Paid: _____ Check #: _____

Date of Public Hearing / Meeting(s): _____

Received by the Office of the Town Clerk:

Permit application #: _____

Date: _____

Time: _____

Signature: _____