Town of Sutton
Planning Department
4 Uxbridge Road
Sutton, Massachusetts 01590
508-865-8729
https://www.suttonma.org/planning-board

APPLICATION FOR SPECIAL PERMIT (III.A. OR VI)

APPLICANT & PROPERTY OWNER INFORMATION

NAME Torrington Properties, Inc.

STREET 60 K Street, Suite 302 CITY/TOWN Boston

STATE MA ZIP 02127 PHONE 781-316-6641 EMAIL pd@torprops.com

NAME, ADDRESS & CONTACT INFO OF PROPERTY OWNER (if different from Applicant)
Gurbachan and Alexandria Singh, 168 Whidah Road, North Chatham, MA 02650 508-348-5445

SITE INFORMATION:

STREET AND NUMBER 15 Pleasant Valley Road

ZONING DISTRICT B2 ASSESSOR'S MAP _____ LOT #(S) _____ DEED INFO BOOK _____ PAGE _____

LOT SIZE 54,465 FRONTAGE 146.29

CURRENT USE Vacant

PROJECT/PLAN INFORMATION:

PLAN TITLE Proposed Site Plans for Torrington Properties, Inc. Proposed Medical Clinic

PREPARED BY (name/address/contact info) Bohler Engineering

DATE PREPARED 10/27/2022 REVISION DATE(S) _____

APPLICABLE SPECIAL PERMIT SECTION (Select from III.A. Use Table or VI.) UB (Groundwater Protection) and VD (Route 146 Overlay District)

ATTACH PROJECT DESCRIPTION
Proposed medical clinic in single story 5,148 sq. ft. building

APPLICANT'S SIGNATURE _____ DATE 11/10/2022

PROPERTY OWNER'S SIGNATURE (If not Applicant) _____ DATE 11/10/22

Town of Sutton
Planning Department
4 Uxbridge Road
Sutton, Massachusetts 01590
508-865-8729
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APPLICATION FOR SITE PLAN APPROVAL (IV.C.)

APPLICANT & PROPERTY OWNER INFORMATION

NAME Torrington Properties, Inc.

STREET 60 K Street, Suite 302 CITY/TOWN Boston

STATE MA ZIP 02127 PHONE 781-316-6641 EMAIL pd@torprops.com

NAME, ADDRESS & CONTACT INFO OF PROPERTY OWNER (if different from Applicant)
Gurbachan and Alexandria Singh, 168 Whidah Road, North Chatham, MA 02650 508-348-5445

SITE INFORMATION:

STREET AND NUMBER 15 Pleasant Valley Road

ZONING DISTRICT B2 ASSESSOR'S MAP _____ LOT #(S) _____ DEED INFO BOOK _____ PAGE _____

LOT SIZE 54,465 FRONTAGE 146.29

CURRENT USE Vacant

PROJECT/PLAN INFORMATION:

PLAN TITLE Proposed Site Plans for Torrington Properties, Inc. Proposed medical clinic

PREPARED BY (name/address/contact info) Bohler Engineering

DATE PREPARED 10/27/2022 REVISION DATE(S) _____

PROJECT DESCRIPTION (add additional page if needed): _____

APPLICANT'S SIGNATURE _____ DATE 11/10/2022

PROPERTY OWNER'S SIGNATURE (if not Applicant) _____ DATE 11/10/22