For Planning Office Use	:
File #:	

## Leicester Planning Board Site Plan Review & Special Permit Application Form

PERMIT TYPE: Special Permit Site Plan Review				
CONTACT INFORMATION				
Owner Information				
Name: Thompson Woodmont Company Kellehers Sadowsky Name: Associates, Inc (Banker)				
Signature: Brian Blair				
Address: 12 Coolidge Drive Acton, MA 01720				
Phone: 978-201-1884 Email: brianblair1977@gmail.com				
Applicant Information				
Name: C- A MALL Mark Company Name: Cathe Sales				
Signature: Yew W DBA GILAND SALES				
Signature: Lew W BA GT AND SPLES  Address: 4 Ansell Terrace  Leiceste, plass 01524				
Phone: 308-304-3352 Email: angellhill farm & Hahoo com				
Primary Contact Person (The person that will be contacted by Planning Board staff during the application process.)				
Name: George MacDougell Rame: G+ Lolito Sales				
Address: Leicester Mass 01524				
Phone: 508-304-3352 Email: ansellhill farm @ Jahou.com				
PROJECT INFORMATION				
Project Address: 803 Main St Leicester. Zoning District: B				
Assessors Map & Parcel # 2/- B3-0 Deed Reference (Book & Page): 64985-206				
Applicable Zoning Bylaw Section(s): 3.2.03-24				
Proposed Land Use: Vehicle SaleS  Existing Land Use: Mixed USE				
Existing Land Use: Mixed USE				

For Planning	Office Use:
File #:	
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PROJECTINE	ALMA LION, C	JOHUHUGU 4	11.	,
Size of Proposed St	ructure(s):	26' X 8' 07	YICE tra	1/ck
Total Lot Area:	5000 59	Vake feet	T	
Water Source:	Private Well		Cherry Valley & Rochdale Water District	
(Select One)	Hillcrest Water District		Leicester Water Supply District	
G. C.	Private Septic System		Cherry Valley Sewer District	
Sewer Source: (Select One)	Hillcrest Water District		Leicester Water Supply District	
· 1	Oxford Rochdale Sewer District			
20,000s.f. retail building pet grooming clinic.]  Application Cl	g and associated par	king: Use of a 1,000s.f.	portion of an existing	s: New construction of a structure for a proposed
Plans (2-full-size & 11"x17")  Documentation of per Water & Sewer Not Converse of Water & Sewer See Planning Board Sidon't require conforms special permit approva certified abutters lists a construction over 30,0	Availability  Availability  The Plan Regulations for more with Site Plan Revisite Plan	ovided all required inpetails. 13 copies are required. 13 copies are required Project Natratification and waiver reduction and the required details on what should be riew submittal requirements remit Regulations for details call Permits applications are unted solar over 250,000 s.f. ulations. Checks must be not asset to the requirements of the remits applications are unted solar over 250,000 s.f. ulations. Checks must be not asset to the requirements of the remits applications.	intended except where no ve a praint Report I copy)  I copy)  I submittals (CD or Use included in a Project National American State of the for 2 acres or more of the very submit a narrative expense.	age Analysis/Stormwater rt, (3 copies) rO drains ie Study (3 copies) existing 13++ existings, 10 W siness volume. SB Drive) rative. For special permits that laining conformance with eview Applications (new
For Planning Bo	oard Use:	The state of the s		
Date of Submittal				
Public Hearing/Me	eting Date(s):			`
	Markey and page			
Date of Planning				
Date Decision Filed v	with Town Clerk:			

Page 2 of 2

If



July 6, 2022

To Whom It May Concern,

Please consider this letter confirmation that once service is ordered by G&L Auto Sales, we will be pumping out the office trailer located at 803 Main St, Leicester. Service will be preformed as often as requested provided the trailer is accessible for our service truck.

Please let me know if you have any questions.

Sincerely.

Rachel Swayze
Operations Manager
508.248.2085 x2
rachel@sbsewer.com



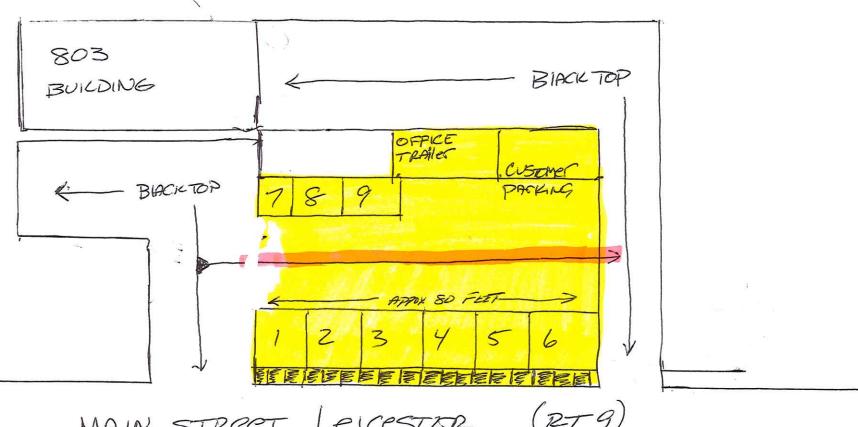
## TOWN OF LEICESTER VEHICLE LICENSE APPLICATION

I,	the undersigned, duly authorized by the concern herein mentioned, hereby apply for the following license(s):
С	ass I Class II Class III Motor Vehicle Repair Shop Auto Body Repair Shop
1.	Business Name 6+6 AUTO Soles
یے کہ	Business Addres 803 MAIN ST LeiceSTCF MA 01574
ATION	Business Phone SAME Cell phone 508 3043350 Fax NA
455	Email address ANGELUHI/IPARM Q JAhoo. Com
2.	Is the above business an individual, co-partnership, an association or a corporation? FWD/VIDVO/ DBA
า	$M \sim M_{\odot}$
3.	
	Residential Address 4 ANGELL TERN LEICHSTER MA 01524
4,	If a co-partnership, state full names and residential addresses of the persons composing it.
	1.
5.	If an association or a corporation, state full names and residential addresses of the principal officers. $\mathcal{N}/\mathcal{A}$
	President
	Secretary
	Treasurer
, 6.	Are you engaged principally in the business of buying, selling, or exchanging motor vehicles?
	If so, is your principal business the sale of new motor vehicles?
	Is your principal business the buying and selling of second hand motor vehicles? UES
	Is your principal business that of a motor vehicle junk dealer? NO
	If not, what is your principal business on this site?
	How many vehicles will be for sale on the site?
	Where will the vehicles be parked? IN FRONT FACING RT 9 gloss STORE and
	Hours of operation for sale of motor vehicles (10-4 M-T) (10 TO 7W) (10 TO 4 THER CR) SOT
	Business hours (if vehicle sales are not your principal business)
	James nous (it veinere sures are not your principal ousness)

7.	Give a complete description of all the premises to be used for the purpose of carrying on the business.  MOTOR VENCE STIES + PULCHASILS While SAIE / Christings
4	TREE GALOS WITH OUTSIDE DETNITE FROM
	TOWN (APPLIED FUR ID YEARS TOST) + EVERY YEAR
8.	Are you a recognized agent of a motor vehicle manufacturer?
9.	Have you a signed contract as required by Section 58, Class 1? <u>NO</u>
10.	Have you ever applied for a license to deal in second hand motor vehicles or parts thereof?    If so, list City/Town   Le CESTON   2/1/2017     Did you receive a license?   Its   For which year(s)?   20/2   TO CUADENT
11.	Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked?(Yes or No)  If so, explain why
	Sign your name in full  (Duly authorized to represent the concept herein mentioned)  Home Address 4 ANGB/ TISM LEICASTO NA- BISZY  Home Phone 508-304-3353
H	IMPORTANT VERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION, AND FALSE STATEMENTS EREIN MAY RESULTS IN THE REJECTION OF YOUR APPLICATION OR THE SUBSEQUENT EVOCATION OF YOUR LICENSE IF ISSUED.
	e: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application he the registrar. (See Sec. 59)
	APPLICANT WILL NOT FILL THE FOLLOWING BLANKS
	Application after investigation(Approved or Disapproved)
Lice	ense No granted 20 Fee \$
	Signed

NOT-10 Sep/5

6-8-2022



MAIN STREET LEICESTER (279)

354049 53/1514WW7 9 CAR LICORSE No Repairs

# HIGHLIGHTED AREA IS LEASED FOR GIL ANTO AREA BETWEEU

1-6 AND 7TO9

LOT SPACES WILL

BE LEFT OPEN

FOR TRAVEL AND

EMERGENCY ACCESS