

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$605.00

Date March, 2016

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ **New Application**

☐ **Renewing Application with Additions or Changes**

☐ **Renewing Application with NO Additions or Changes**

*For the storage of 2,024 vehicles inside
0 vehicles outside*

Business (DBA) Name: Partners HealthCare System, Inc. Phone: 617-726-8449

Business Address (in Somerville): 399 Revolution Drive, Somerville, MA

Applicant's Federal Employer Identification Number: 04-3230035

Applicant's Legal Name: Partners HealthCare System, Inc.

Mailing Name (who we should send correspondence to): David Burson

Mailing Address (with Zip Code): 101 Merrimac Street, Suite 800, Boston, MA 02114

Emergency Contact: Jay M. Phillips Phone: 617-724-0991

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: Partners HealthCare System, Inc.

Name of President: David F. Torchiana, M.D.

Name of Secretary: Maureen Goggin Name of Treasurer: Peter K. Markell

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Partners HealthCare System, Inc.

- | | | |
|----|--|------------------------|
| 1. | Will you be open to the public at this location? | Y <u>X</u> N <u> </u> |
| 2. | Will you be doing mechanical repairs of vehicles at this location? | Y <u> </u> N <u>X</u> |
| 3. | Will you be doing auto body work on vehicles at this location? | Y <u> </u> N <u>X</u> |
| 4. | Will you be spray painting vehicles or parts at this location? | Y <u> </u> N <u>X</u> |
| 5. | Will you be washing vehicles at this location? | Y <u>X</u> N <u> </u> |
| 6. | Will you be charging money to park vehicles at this location? | Y <u>X</u> N <u> </u> |
| 7. | Will you be storing registered vehicles at this location? | Y <u> </u> N <u>X</u> |
| 8. | Will you be storing unregistered vehicles at this location? | Y <u> </u> N <u>X</u> |
| 9. | Will you be operating a tow vehicle at this location? | Y <u> </u> N <u>X</u> |

Note to Question 1: 360 spaces will support the retail use and these spaces will be open to the public.

Note to Question 5: The operator of the garage may offer car washing/cleaning as a service.

Have you ever obtained a garage license before? Y X N

If yes, list year, city and state 2012, Somerville, MA

Have you ever been denied a garage license? Y__ N X

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N X

If yes, list year, city and state _____

I request permission to store 2,024 vehicles inside the building, and 0 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

The parking structure supports a commercial office use portions of which will operate 24 hours per day, 7 days per week. The parking structure also supports a retail use which will include restaurants operating Monday through Sunday.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: *[Signature]* Date: March, 2016

Business Name: Partners HealthCare System, Inc.

Business Address: 101 Merrimac Street, Suite 800, Boston, MA 02114, and Prudential Center,
800 Boylston Street, 11th Floor, Boston, MA 02199

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a ASQUA Zone
PUD A

- ☐ The use is permitted as of right
☒ The use requires a special permit
☐ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 2024 inside
-0- outside

Signature: *[Signature]* 3/3/16 Date:

Print Name: Paul J. Monni Title: SR Building Inspector

FIRE PREVENTION BUREAU RECOMMENDATION

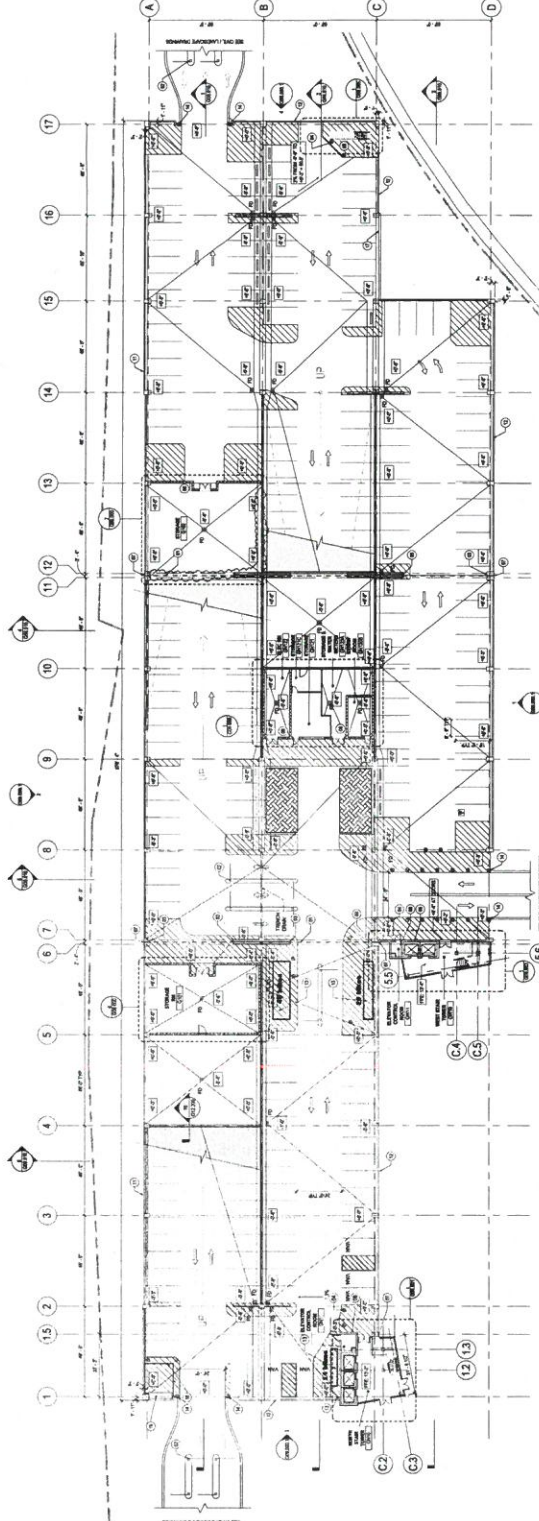
I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- ☐ A 148 sec. 13 License is required
☒ A 148 sec. 13 License is NOT required

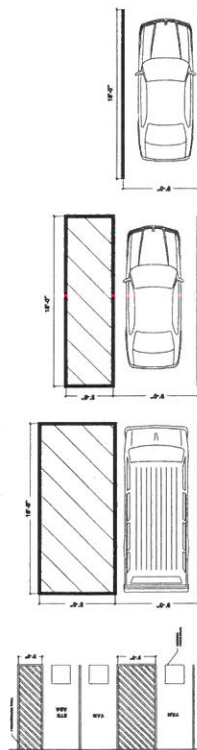
Signature: *[Signature]* 3-3-16 Date:

Print Name: Wallace Forrest Title: D. P. Chief



PARKING SPACE COUNT SUMMARY				
LEVEL	RETAIL	PARTNERS	STD ADA*	TOTAL
1	80	198	3	281
2	106	201	9	316
3	109	208	5	322
4	67	151	5	223
5	109	208	6	323
6	109	208	6	323
7	109	208	6	323
TOTAL	589	1,180	40	1,709

*WHEN 1,001 AND OVER SPOTS, 20 SPOTS PLUS 1 FOR EACH 100 OVER 1,000 SHOULD BE ACCESSIBLE SPOTS. 1 IN 8 REQUIRED ACCESSIBLE SPOTS SHALL BE VAN SPOTS



LEGEND

SCALE

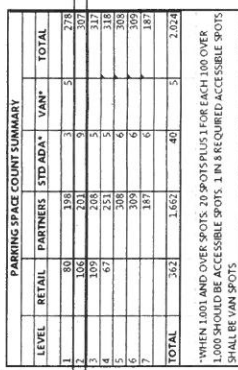
G02.001
 1/2" = 10'-0"

GENERAL NOTES

1. ALL VEHICLES SHALL BE PARKED IN THE DESIGNATED PARKING AREAS. NO PARKING SHALL BE ALLOWED IN THE DRIVEWAY OR ON THE STREET.
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PARKING SPACE COUNT SUMMARY					
LEVEL	RETAIL	PARTNERS	STD ADA*	VAN*	TOTAL
1	80	318	3	5	276
2	1,066	201	6		1,273
3	1,099	208	3		1,311
4	67	2,511	3		3,181
5	67	3,098	6		3,671
6	67	3,098	6		3,671
7		197	6		187
TOTAL	3,627	14,621	40	5	2,024

*WHEN 1,001 AND OVER SPOTS, 35 SPOTS PLUS 1 FOR EACH 100 OVER 1,000 SHOULD BE ACCESSIBLE SPOTS. 1 IN 5 REQUIRED ACCESSIBLE SPOTS SHALL BE VAN SPOTS.

WHEN 1.001 AND OVER SPOTS: 20 SPOTS PLUS 1 FOR EACH 100 OVER 1,000 SHOULD BE ACCESSIBLE SPOTS. 1 IN 8 REQUIRED ACCESSIBLE SPOTS SHALL BE VAN SPOTS

	Date & Name Description	By	Check
	03/03/16 Parking Striping Plan - Bulletin 75		

Project Name
 (City of Portland), 5/19/2013, 1:00 PMProject Number
13-0725-000

Description

100% FREE FROM PAIN - LEVEL 2

000000

GOZ.002

LEGEND

December 1973

100 (continued)

SCALE
0 5' 10'

 $1^{\circ} = 20' 40''$

1

GENERAL NOTES

A ALL INFORMATION REPORTED BY BLA

SHEET NOTES

01	BULKING EXPANSION UNIT	1
02	PACKING SUPPLY & SAVING PV AC	1
03	VERTICAL GAS-LIQUID SEPAR	1
04	TWO-PHASE FLOW-CONTROL VALVE	1

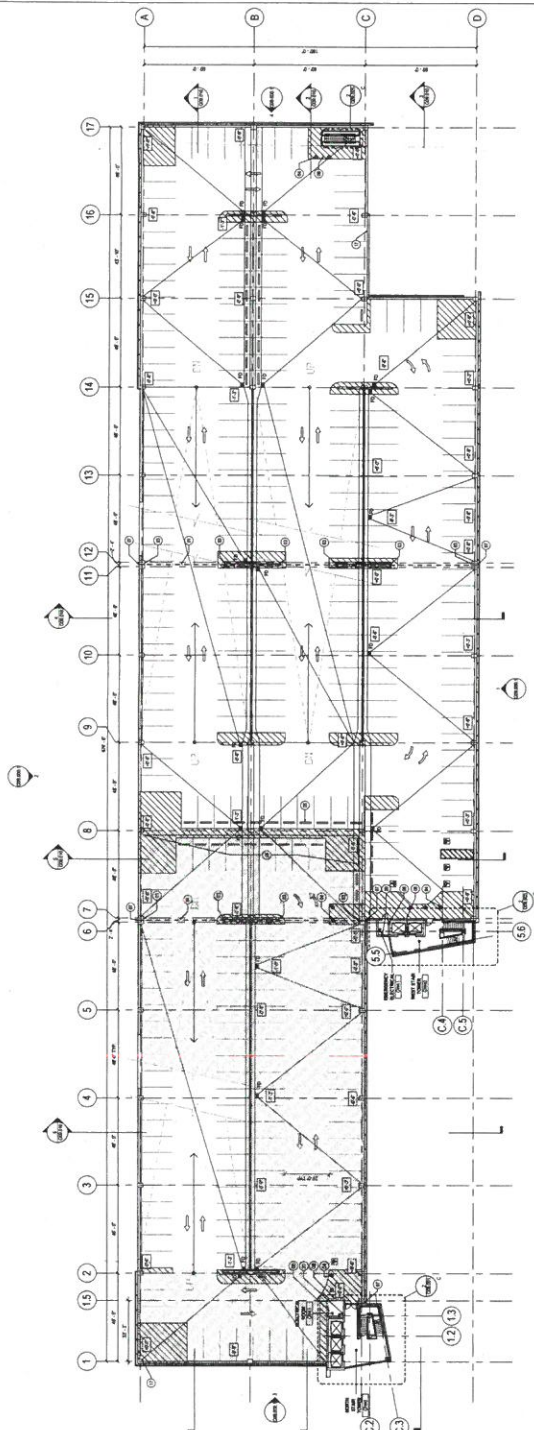
- 00 PREPARED COLLOCATING APPLICATOR
- 01 1" HIGH BLACK VINYL FENCE
- 02 6" DEEP, COLLOCATED AT 10"
- 03 PER 1' (MIN) 10' 0"

[illegible]

16 CONCRETE PULLED OUT BOLLS
17 OF CONCRETE P-40 FOR EJECTA
18 FUEL OIL STORAGE TANK, FUEL
19 TANK STRUCTURE ENCLOSED IN

16. Full-height chain-link fence
17. Chain-link fence with barbed wire
18. 80 ft. x 100 ft. to 100 ft. x 100 ft.
19. Standard concrete retaining wall
20. Standard 12-in. x 12-in. wall

available at www.elsevier.com/locate/jmb (2006)




PARKING SPACE COUNT SUMMARY					
LEVEL	RETAIL	PARTNERS	STD ADA*	VAN*	TOTAL
1	80	136	3	5	224
2	106	201	9		317
3	109	208	5		322
4	67	251	8		326
5	100	199	6		305
6	100	309	6		415
7		187	6		187
TOTAL	362	1,662	40	5	2,029

* WHEN 1,001 AND OVER SPOTS, 20 SPOTS PLUS 1 FOR EACH 100 OVER
 1,000 SHOULD BE ACCESSIBLE SPOTS, 1 IN 8 REQUIRED ACCESSIBLE SPOTS
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Project Name	SPIN MARKING STRUCTURE
Project Number	18736.000
Project Name	SPIN MARKING PLANT - LEVEL 4
Project Number	18736.000

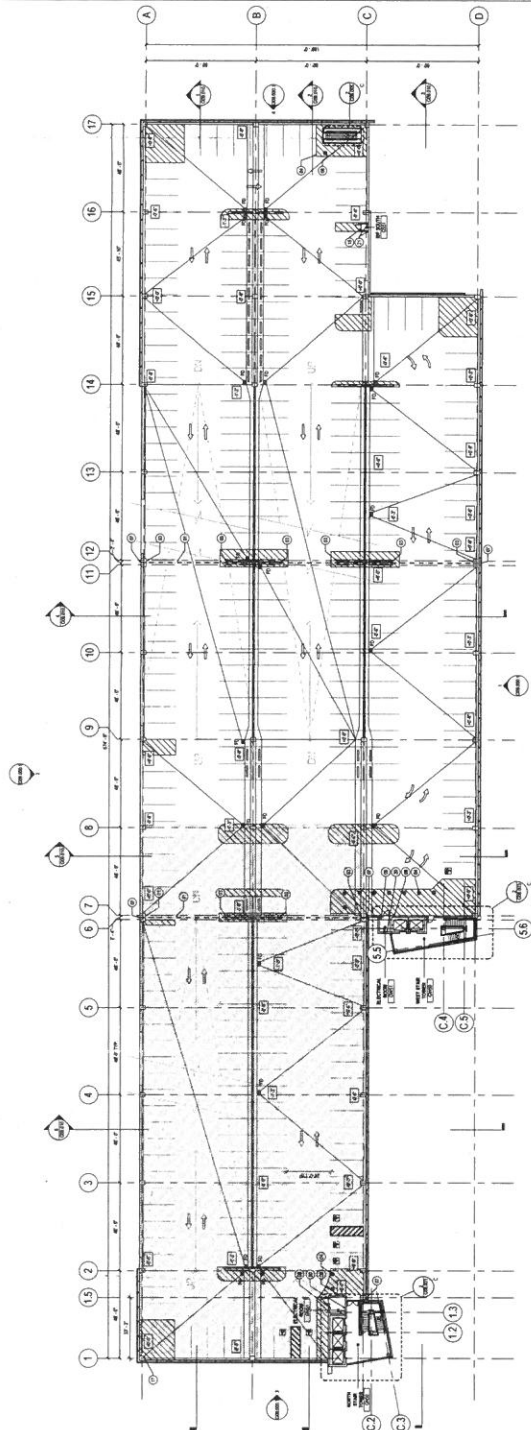
G02.004



GENERAL NOTES

[illegible]

submitter: submitters@fda.hhs.gov | 1-844-616-0162 | ARCHA PUBLISHING, 11 8735 000 PWC, Burnsville, MA, 03414-1401



PARKING SPACE COUNT SUMMARY				
LEVEL	RETAIL	PARTNERS	STD ADA*	TOTAL
1	80	158	3	241
2	100	158	0	258
3	108	208	5	321
4	67	253	5	325
5	6	308	6	320
6	6	309	6	321
7	6	187	6	199
TOTAL	362	1,662	40	2,064

*WHEN 1,001 AND OVER SPOTS, 20 SPOTS PLUS 1 FOR EACH 100 OVER 1,000 SHOULD BE ACCESSIBLE SPOTS. 1 IN 8 REQUIRED ACCESSIBLE SPOTS SHALL BE VAN SPOTS

SHEET NOTES

1. ALL DIMENSIONS SHALL BE TO FACE UNLESS NOTED OTHERWISE.

2. ALL MATERIALS SHALL BE AS SHOWN OR APPROVED BY THE ARCHITECT.

3. ALL UTILITIES SHALL BE AS SHOWN OR APPROVED BY THE ARCHITECT.

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LEGEND

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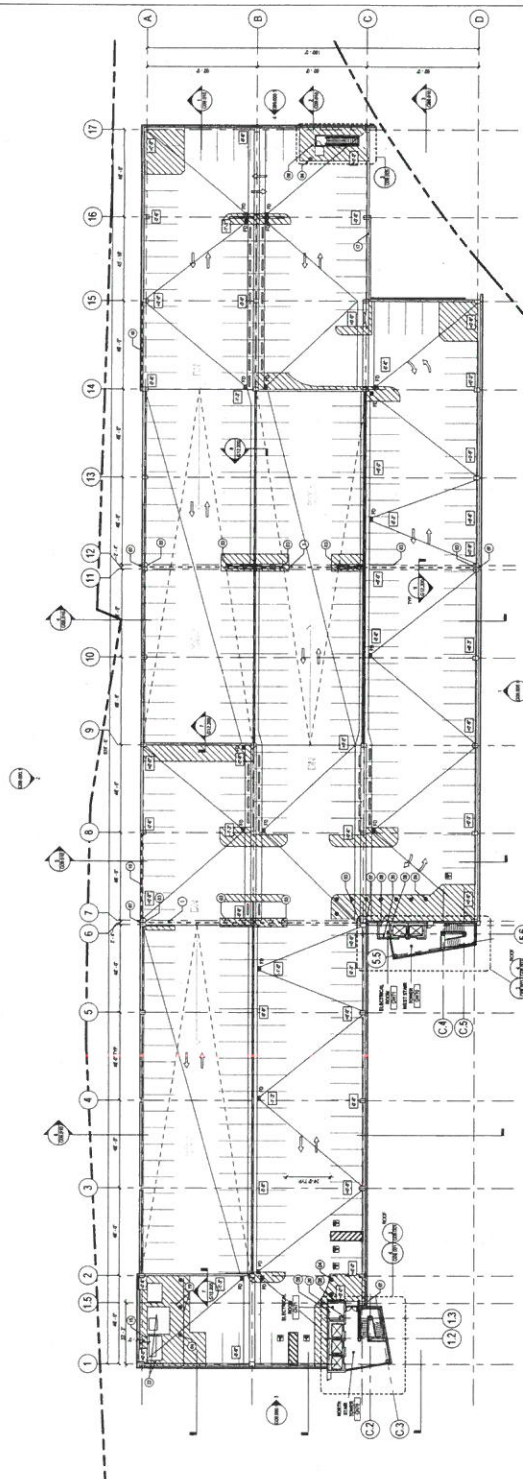
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By: [Signature]
Date: 02/10/18
Title: [Blank]

LEVEL	RETAIL	PARTNERS	STD ADA*	VAN*	TOTAL
1	40	160	3	5	208
2	106	201	9	5	321
3	109	208	5	5	327
4	67	251	5	5	328
5	308	308	6	5	627
6	299	299	6	5	599
7	121	121	6	5	253
TOTAL	1,062	1,062	40	5	2,129

*WHEN 1,001 AND OVER SPOTS, 20 SPOTS PLUS 1 FOR EACH 100 OVER.
1,000 SHOULD BE ACCESSIBLE SPOTS. 1 IN 8 REQUIRED ACCESSIBLE SPOTS
SHALL BE VAN SPOTS.

PARKING SPACE COUNT SUMMARY

Project Name: [Blank]
Project Number: [Blank]
Sheet Number: **G02.007**
Scale: 1" = 20'-0"

LEGEND

VAN STALL
 ADA STALL
 DRIVE AISLE
 EASEMENT
 BUILDING FOOTPRINT

SCALE
1" = 20'-0"

GENERAL NOTES

1. ALL DIMENSIONS ARE TO CENTER OF PARKING STALL OR CENTER OF DRIVE AISLE UNLESS OTHERWISE NOTED.

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ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: Partners HealthCare System, Inc.

Address: 101 Merrimac Street, Suite 800,

Boston, MA 02114

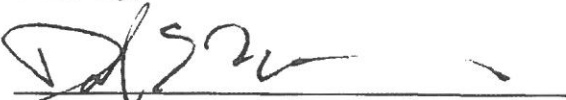
Date: March 7, 2016

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on Wednesday, March 16, 2016 at 6:00 PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: Garage License for Partners HealthCare System, Inc., 399 Revolution Drive, with parking for 2,024 vehicles, with car washing service on premises. Garage to be open 7 days per week, 24 hours per day.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. S. 20', written over a horizontal line.

Petitioner's Signature

Abutting Properties for
399 REVOLUTION DR SOMERVILLE, MA
99/ A/ 9/ /
(300 feet)

Location:
86/ A/ 1/ /
133 MIDDLESEX AVE
Owner:
FR ASSEMBLY SQUARE LLC
1626 E JEFFERSON ST
ROCKVILLE, MD 20852

Location:
99/ A/ 9/A /
399 REVOLUTION DR
Owner:
PARTNERS HEALTHCARE SYSTEM INC
101 MERRIMAC ST 8TH FLR
BOSTON, MA 02114



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Partners HealthCare System, Inc.

Address of taxpayer/applicant's business in Somerville: 399 Revolution Drive

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-726-8449 evening: 617-726-8449

I, (print name) David Burson, representative for _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 3rd day of March, 20 16. David Burson
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>N/A</u>	# <u>N/A</u>	# <u>N/A</u>	# _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Partners HealthCare System, Inc.

Address: Prudential Center, 800 Boylston Street, 11th Floor

City: Boston

State: MA

Zip: 02199

Phone #: 617-726-8449

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care (Non-Profit) |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Self-Insured; See Attached DIA Certificate

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: See Attached DIA Certificate

Expiration Date: 8/31/16

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: 

Date: March 3, 2016

Print Name: David Burson

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- | |
|--|
| <input type="checkbox"/> Board of Health |
| <input type="checkbox"/> Building Department |
| <input type="checkbox"/> City/Town Clerk |
| <input type="checkbox"/> Licensing Board |
| <input type="checkbox"/> Selectmen's Office |
| <input type="checkbox"/> Other _____ |

Contact Person: _____ Phone #: _____

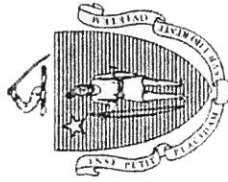
(revised Jan. 2008)

The Commonwealth of Massachusetts

License No.
873

Serial No. 11880

DEPARTMENT OF INDUSTRIAL ACCIDENTS



This is to Certify that PARTNERS HEALTHCARE SYSTEM, INC. AND ITS' SUBSIDIARIES

of 529 Main Street, Charlestown, MA 02129

, having conformed with the provisions of

sub-paragraph (2, b) of Section 25A of Chapter 152 of the General Laws is hereby licensed
to be a

SELF-INSURER

This license is effective for a period of one year from the FIRST day of

SEPTEMBER 20 15 at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

DIRECTOR

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS