TOWN OF ROCKLAND
ZONING BOARD OF APPEALS
APPLICATION FOR A PUBLIC HEARING

SECTION 1:

A. I/We hereby apply for a public hearing before the Zoning Board for the following: (Check all that are applicable)

_____ Application for Dimensional Variance
_____ Application for a Use Variance
_____ Application for a Section 6 Finding
__X__ Special Permit for Use permissible by Special Permit
_____ Appeal from a Decision of the Zoning Enforcement Officer
_____ Comprehensive Permit (Chapter 40B)

SECTION 2:

B. Answer all of the following questions that pertain to your application:

1. Address of the property in question: 400 Hingham St., Rockland
2. Name(s) of Owner(s) of Property: Jaquer and Bill, LLC
3. Owner's Address: 96 Pond Street, Holbrook, MA 02343
4. Name of Applicant(s): South Coastal Animal Health, LLC
5. Address of Applicant: 1389 Main Street
   Weymouth, MA 02190
6. Applicant's Phone: Home: _____ Work: 781-340-2800
   Cell: 617-909-0939 Fax: _____
   E-Mail: grstraise@southcoastalah.com
7. State the Assessor's Map # 25 and Lot # 42 of the property.
8. State the Zoning District in which the property is located: I-1
9. Explain in-depth what you are proposing to do: We currently have a Veterinary practice, South Coastal Animal Health, in Weymouth. We plan to use this location in Rockland as a satellite practice where we will prioritize Wellness Visits. We are planning to offer the same hours as our Weymouth facility: Monday-Thursday 8a-8pm, Friday 8am-6PM and in the future Saturdays 8-4. We will not be boarding animals so we don't expect any noise issues. We have a medical waste company to collect all medical waste as well as Troupe for regular Trash & recycling.

10. Describe in detail any existing variance(s) or special permit(s) pertaining to this property. Copy/copies must be obtained at the Town Clerk's Office and must be attached to this application:
May 4th 1999 - Additional Parking
October 10 1987 - Additional 15 Parking Spaces
June 11, 1997 - commissary permit - N/A

11. List all applicable sections of the Zoning Bylaw that pertains to this application:
Medical / Dental Clinics Section 415-15C (16)

12. If you are applying for a dimensional variance, state in detail any specific condition that effects the shape, soil, topography or structures on your lot that specifically effects your lot and does not effect the zoning district as a whole, and why these conditions cause a hardship to the land that warrants the granting of a variance **(use a separate piece of paper if necessary)** N/A

13. If this is an application for a special permit, describe in detail the permit you are seeking and provide the Board with specific information as to how the proposed use will meet the Performance Standards of the Zoning By-Laws of Rockland:
The special permit we are seeking is for medical clinics. We are proposing a Veterinary wellness clinic for small animals. We will not be offering any boarding or kennel facility. Rockland Performance standards for the site are in place.

14. If this is an appeal from a decision of the Zoning Enforcement Officer, state in detail the grounds upon which you claim that the Zoning Enforcement Officer/ Building Inspector's decision was in error. _____

Signed: _____

Owner(s) of Record
All owners must sign

Signed: _____

South Coastal Animal Health, LLC
Applicant(s) If Different from owner
All applicants must sign

Signed: _____
Signature of Attorney (if any)

Date: 4/11/25