



CAPE COD COMMISSION

Application Cover Sheet

Cape Cod Commission
3225 Main Street, PO Box 226
Barnstable, MA 02630
Tel: (508) 362-3828 • Fax: (508) 362-3136

For Commission Use Only	
Date Received:	
Fee (\$):	
Check No:	
File No:	

A Type of Application (check all that apply)

<input checked="" type="checkbox"/> Development of Regional Impact (DRI)	<input type="checkbox"/> DRI Exemption	<input type="checkbox"/> Request for Joint MEPA/DRI Review
<input type="checkbox"/> DRI Scoping	<input type="checkbox"/> Hardship Exemption	<input type="checkbox"/> Decision Extension
	<input type="checkbox"/> Jurisdictional Determination	<input type="checkbox"/> Decision Modification

B Project Information

Project Name: Cape Cod Hospital - Project 2022 Total Site Acreage: Approx. 17 acres

Project/Property Location: Cape Cod Hospital - 27 Park Street, Hyannis Zoning: Medical Service (MS) District

Brief Project Description:
Include total square footage of proposed and existing development, gross floor area, number of lots existing or to be created, specific uses, description of existing conditions, as applicable (attach additional sheets if necessary).
Cape Cod Hospital proposes a six-story addition to the southwest corner of the existing hospital which includes a new cancer care center (2 stories), three stories of inpatient beds, and an education/collaboration center. This redevelopment project also includes numerous site improvements, including new and improved infrastructure to serve the Hospital, parking, new access/egress, stormwater management, and landscaping.
Total gross square footage for the new addition is approx. 199,295 sf. The project also involves removal of the Whitcomb Pavilion, Cape Cod Medical Center and a portion of the existing hospital building resulting in a net new square footage of approximately 122,542 sf.

C Owner(s) of Record

List the following information for all involved parcels. Provide copies of each Deed and Purchase and Sale Agreement and/or evidence of leasehold interest, if applicable, for all involved parcels. Proof of ownership/legal rights for Applicant(s) to proceed with the proposed development must be documented prior to the Commission deeming any application complete. List the local, state, or federal agencies from which permits or other actions have been/will be filed (attach additional sheets if necessary).

Map/Parcel	Owner's Name	Lot & Plan	Land Court Certificate of Title #	Registry of Deeds Book/Page #
Barnstable: 342/001 and 342/039	Cape Cod Hospital		Please see Exhibit 7 of Application Materials for Title References	
Yarmouth: <u>28/52.1</u>				

There **ARE ARE NOT** (circle one) court claims, pending or completed, involving this property (if yes, please attach relevant information).
Is there an existing CCC Decision for the Property? yes no (if so, recording information for decision, please attach relevant information).

D Certification

I hereby certify that all information provided on this application form and in the required attachments is true and accurate to the best of my knowledge. I agree to notify the Cape Cod Commission of any changes on the information provided in this application, in writing, as soon as is practicable. I understand failure to provide the required information and any fees may result in a procedural denial of my project.
NOTE: For wireless communication facilities, a licensed carrier should be either an applicant or a co-applicant.

APPLICANT	Applicant(s) Name: <u>Cape Cod Hospital</u> Tel: _____ Fax: _____
	Address: <u>27 Park Street, Hyannis MA 02601</u>
	Signature: _____ Date: _____

CO-APPLICANT	Co-Applicant(s) Name: _____ Tel: _____ Fax: _____
	Address: _____
	Signature: _____ Date: _____

CONTACT	Contact: <u>Eliza Cox, Esq., Nutter McClennen & Fish, LLP</u> Tel: <u>508-790-5431</u> Fax: <u>508-771-8079</u>
	Address: <u>1471 Iyannough Road, Hyannis MA 02601</u>
	Signature: <u>[Signature]</u> Date: <u>8/19/19</u>

PROPERTY OWNER	Property Owner: <u>Cape Cod Hospital</u> Tel: _____ Fax: _____
	Address: <u>27 Park Street, Hyannis MA 02601</u>
	Signature: _____ Date: _____

BILLABLE ENTITY	Name: <u>Eliza Cox, Esq., Nutter McClennen & Fish, LLP</u> Tel: <u>508-790-5431</u> Fax: <u>508-771-8079</u>
	Address: <u>1471 Iyannough Road, Hyannis MA 02601</u>