DEVENS ENTERPRISE COMMISSION

DEC NO. _____
DATE: _____
FEE: _____

DEVENS REGIONAL ENTERPRISE ZONE
PERMIT APPLICATION **LEVEL 2**

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ESTIMATED COST OF CONSTRUCTION / IMPROVEMENTS _____

OWNER _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
FAX _____

_____
SIGNATURE

_____
Type or print name and title

APPLICANT _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE _____
FAX _____

_____
SIGNATURE

_____
Type or print name and title

If appropriate, attach a separate sheet with the name(s), address(es), and telephone/fax numbers for the project engineer, attorney, or other "development team" personnel.

SITE / LOCATION / STREET _____ _____

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: _____

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STATEMENT OF PROPOSED WORK OR ACTIVITY: _____

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SCOPE OF WORK (pick the actions that best fit your project or application)

___ Site Plan
___ Wetlands NOI
___ Minor amendment or modification of an approved plan
___ Historic District renovations/addition/alternations
___ Other (Specify) _____

___ Reconsideration
___ Zoning Variance

Explain work to be performed: _____

_____

Comments from Notifying Agencies**:** _____