

DEVENS ENTERPRISE COMMISSION**DEVENS REGIONAL ENTERPRISE ZONE
PERMIT APPLICATION LEVEL 2****DEC NO.** _____**DATE:** 10/13/26**FEE:** \$1,500

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ESTIMATED COST OF CONSTRUCTION / IMPROVEMENTS \$28.2M**OWNER** Commonwealth Fusion Systems**APPLICANT** Commonwealth Fusion Systems**ADDRESS** 111 Hospital Road**ADDRESS** 117 Hospital Road**CITY/STATE/ZIP** Devens, MA**CITY/STATE/ZIP** Devens, MA**PHONE** 781-583-3100
FAX _____**PHONE** 781-583-3100
FAX __________
SIGNATURE_____
SIGNATURE_____
Type or print name and title_____
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 North side of Building CFS-2 on the CFS Campus**LOT SIZE / TOTAL PARCEL / ZONING DISTRICT:** 35.7 ac within the Innovation and Technology Business District and Aquifer Water Resource Protection Overlay

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STATEMENT OF PROPOSED WORK OR ACTIVITY: Amendment to CFS-4 Level 2 Permit Approval (D25-012)

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SCOPE OF WORK (pick the actions that best fit your project or application)☒ Site Plan _____ Reconsideration_____ Wetlands NOI _____ Zoning Variance_____ Minor amendment or modification of an approved plan_____ Historic District renovations/addition/alternations☒ Other (Specify) Level 2 amendment to approved planExplain work to be performed: Amendment to Phase 2 of campus master plan including: construction of CFS-4 FLiBe Thermal Loop with associated site clearing, grading, installation of utility and drainage infrastructure, construction of site walls, foundations, buildings, and equipment pads, roadway paving, and ancillary site improvements

Comments from Notifying Agencies: _____