



Planning & Economic Development Board - Town of Medway, MA
ADAPTIVE USE OVERLAY DISTRICT (AUOD)

Application to Amend, Modify or Revise an Approved AUOD
Special Permit and/or AUOD Plan

INSTRUCTIONS TO APPLICANT/OWNER

This Application is made pursuant to the Medway Zoning Bylaw.

The Town's Planning Consultant will review the Application and proposed modifications and provide a review letter to the Planning and Economic Development Board.

A copy of that review letter will be provided to you in advance of the meeting.

You and/or your duly authorized Agent/Designated Representative are expected to attend the Board meeting at which your Application will be considered to answer any questions and/or submit such additional information as the Board may request.

Your absence may result in a delay the Board's review of the application.

_____, 20____

APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

Name of Primary Contact: _____

Telephone:
Office: _____

Cell: _____

Email address: _____

____ Please check here if the Applicant is the equitable owner (*purchaser on a purchase and sales agreement.*)

Was the current applicant also the applicant when the original AUOD special permit was issued?

____ Yes ____ No. If no, who was the recipient of the original AUOD special permit?

ORIGINAL AUOD PERMIT & PLAN INFORMATION

Location Address: _____

Development Name: _____

Plan Title: _____

Plan Date: _____

Prepared by:

Name: _____

Firm: _____

Phone #: _____

Email: _____

Date AUOD Special Permit was issued: _____

Date AUOD Plan was endorsed: _____

Recording Information:

AUOD Special Permit Book: _____ Page: _____ Date: _____

AUOD Plan Plan #: _____ Book: _____ Page: _____ Date: _____

PROPERTY INFORMATION

Location Address: _____

The land shown on the plan is shown on Medway Assessor's Map # _____ as Parcel # _____

Total Acreage of Land: _____

General Description of Property: _____

Scenic Road

Does any portion of this property have frontage on a Medway Scenic Road?

_____ Yes _____ No If yes, please name street: _____

Wetlands

Is any portion of the property within a Wetland Resource Area? _____ Yes _____ No

The owner's title to the land that is the subject matter of this application is derived under deed from: _____ to _____

dated _____ and recorded in Norfolk County Registry of Deeds, Book _____ Page _____ or Land Court Certificate of Title Number _____, Land Court Case Number _____, registered in the Norfolk County Land Registry District Volume _____, Page _____.

SCOPE of PROPOSED AMEDMENT/ MODIFICATION/REVISION

This is a petition to: (check all that apply)

1. _____ ***Amend/Modify/Revise the previously approved AUOD Special Permit or any conditions/limitations.***

What modifications are proposed to the decision? Provide a complete description.

Why does the decision need to be modified? Provide a completion description.

2. _____ Amend/Modify/Revise a previously approved AUOD Plan

What modifications are proposed to the plan? Provide a complete description.

Why does the plan need to be modified?

Plan Modification Title: _____

Plan Modification Date: _____

Prepared by:

Name: _____

Firm: _____

Phone #: _____

Email: _____

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner's Name: _____

Mailing Address: _____

Primary Contact: _____

Telephone:

Office: _____

Cell: _____

Email address: _____

CONSULTANT INFORMATION

ENGINEER: _____

Mailing Address: _____

Primary Contact: _____

Telephone:

Office: _____

Cell: _____

Email address: _____

Registered P.E. License #: _____

SURVEYOR:

Mailing Address: _____

Primary Contact: _____

Telephone:
Office: _____

Cell: _____

Email Address: _____

Registered P.L.S. License #: _____

ARCHITECT:

Mailing Address: _____

Primary Contact: _____

Telephone:
Office: _____

Cell: _____

Email address: _____

Registered Architect License #: _____

DESIGNATED REPRESENTATIVE INFORMATION

Name: _____

Address: _____

Telephone:
Office: _____

Cell: _____

Email address: _____

Relationship to Applicant: _____

SIGNATURES

The undersigned, being the Applicant, herewith submits this application to modify a previously approved AUOD Special Permit and/or AUOD Plan to the Medway Planning and Economic Development Board for review and action.

I hereby certify, under the pains and penalties of perjury, that the information contained in this application is a true, complete and accurate representation of the facts regarding the property under consideration.

(If applicable, I hereby authorize _____ to serve as my Agent/Designated Representative to represent my interests before the Medway Planning & Economic Development Board with respect to this AUOD application.)

In submitting this application, I authorize the Board, its consultants and agents, Town staff, and members of the Design Review Committee to access the site during the plan review process.

_____ <i>Signature of Property Owner</i>	_____ <i>Date</i>
_____ <i>Signature of Applicant (if other than Property Owner)</i>	_____ <i>Date</i>
_____ <i>Signature of Agent/Designated Representative</i>	_____ <i>Date</i>

AUOD MODIFICATION FEES

Filing Fee - \$250

Advance on Plan Review Fee - \$500 (payable only if the application includes a proposed modification to the originally approved AUOD plan)

Submit 2 separate checks each made payable to: Town of Medway

AUOD SPECIAL PERMIT MODIFICATION APPLICATION CHECKLIST

- _____ IF APPLICABLE, an electronic version of the proposed modification of the previously approved AUOD plan.
- _____ IF APPLICABLE, two (2) full size copies of the proposed modified AUOD Plan prepared in accordance with the *AUOD Rules and Regulations*.
- _____ Designer's Certificate – Form D
- _____ Certified Abutters List from the Medway Assessor's office – for 300 feet around the subject property – Form E
- _____ Request for Waivers from the *Medway AUOD Rules and Regulations* – Form Q
- _____ Filing Fee (\$250) Payable to Town of Medway
- _____ Advance of Plan Review Fee (\$500) if applicable – Payable to Town of Medway