

Phone: 508-321-4915 | zoning@townofmedway.org www.townofmedway.org/zoning-board-appeal

TOV	VN CLER	K STAN	IP.	

NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS, FEES, & WAIVER REQUESTS ARE SUBMITTED. A GENERAL APPLICATION FORM MUST BE COMPLETED FOR ALL APPLICATIONS.

TO BE COMPLETED BY THE APPLICANT

Please attach the decision in question. Please provide attachments detailing the Reason(s) for requesting a modification to the existing decision and citation(s) of the portion(s) of the decision to be modified. Please provide any additional waiver requests as needed.

-			
Applicant/Petitioner(s):	Previous Decision wa	sion was for:	
		<u> </u>	
	Variance		
Property Owner(s):			
Property Owner(s).	Special Permit		
	Comprehensive Permit		
Site Address(es):	Appeal		
Parcel ID(s):			
	Date of Previous Decision:		
Zoning District(s):			
Signature of Applicant/Petitioner or Represe	ntative	Date	
Signature Property Owner (if different than A	pplicant/Petitioner)	Date	
Page 1	Received by:	Date:	