

DEVENS ENTERPRISE COMMISSION

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

DEC NO. _____
DATE: _____
FEE: _____

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ESTIMATED COST OF CONSTRUCTION / IMPROVEMENTS _____

OWNER King 45 Jackson LLC

APPLICANT King 45 Jackson LLC

ADDRESS 800 Boylston St., Suite 2400

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TOWN/STATE Boston, MA 02199

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PHONE Zack Skarzynski | 312-607-4840

PHONE Zack Skarzynski | 312-607-4840

FAX _____

FAX _____



SIGNATURE

SIGNATURE

Thomas Ragno, Principal

Thomas Ragno, Principal

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 45 Jackson Road

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: 7.2 ac. | ITB District

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STATEMENT OF PROPOSED WORK OR ACTIVITY: Construction of a free-standing sign

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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) Waiver from Sign Control Regulations - 974 CMR 6.03(5)(b)
- Reconsideration
- Zoning Variance

Explain work to be performed: Construct a second free-standing sign on the property in lieu of a building mounted address sign.

Comments from Notifying Agencies: _____