

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 Commonwealth Fusion Systems

APPLICANT Richard N. Holcomb Jr.

ADDRESS 111 Hospital Rd.

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CITY/STATE/ZIP Devens MA 01434

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PHONE (508) 667-4582

PHONE _____

FAX _____

FAX _____



SIGNATURE
Richard Holcomb,
Head of Facilities and Construction CFS
Type or print name and title

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 111 Hospital Rd. Devens MA 01434

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: Approximately 36 acres/Zoned I.T.B.

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STATEMENT OF PROPOSED WORK OR ACTIVITY: Install a building mounted sign exceeding
which will exceed the 150 sqft allowed by Devens regulations. Details attached.

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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) Sign Permit Waiver Request
- Reconsideration
- Zoning Variance

Explain work to be performed: Installation of a 494 sqft sign on the CFS2 building as shown in
the attached renderings.

Comments from Notifying Agencies: _____