

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 U.S. Fish and Wildlife Service APPLICANT Same

ADDRESS c/o Tom Eagle ADDRESS _____

TOWN/STATE 300 Westgate Center Drive
Hadley, MA 01035

PHONE (978)579-4027 _____ PHONE _____

FAX _____ FAX _____

SIGNATURE

SIGNATURE

Tom Eagle, Deputy Project Leader,
Eastern Massachusetts National Wildlife Refuge Complex

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 78 Hospital Road, Devons

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: Map 004.0-0399-0200.0 Parcel 0200.0

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STATEMENT OF PROPOSED WORK OR ACTIVITY: _____

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SCOPE OF WORK (pick the actions that best fit your project or application)

___ Site Plan _____ Reconsideration

X Wetlands NOI _____ Zoning Variance

X Minor amendment or modification of an approved plan

___ Historic District renovations/addition/alternations

___ Other (Specify) _____

Explain work to be performed: **Modification of a previously approved plan to add ADA Compliant Boardwalk Sections. Minor changes proposed to the originally approved Orders of Conditions.** _____

Comments from Notifying Agencies: _____