

DEVENS ENTERPRISE COMMISSION

DEC NO. _____

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

DATE: _____

FEE: _____

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ESTIMATED COST OF CONSTRUCTION / IMPROVEMENTS _____

OWNER Peter Garrett

APPLICANT Peter Garrett

ADDRESS 1 Roberts Rd

ADDRESS 1 Roberts Rd

CITY/STATE/ZIP Plymouth Ma 02360

CITY/STATE/ZIP Plymouth Ma 02360

PHONE 508-746-1341

PHONE 508-746-1341

FAX _____

FAX _____

[Signature]

SIGNATURE

SIGNATURE

Peter Garrett - President

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 4 Andrews Parkway Devens Ma

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: _____

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STATEMENT OF PROPOSED WORK OR ACTIVITY: Beer & Wine Alteration of Premise

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

Site Plan Reconsideration

Wetlands NOI Zoning Variance

Minor amendment or modification of an approved plan

Historic District renovations/addition/alternations

Other (Specify) Beer & Wine Alteration of Premise

Explain work to be performed: Adding Beer Cove to floor plan and
Moving existing beer and wine shelving.

Comments from Notifying Agencies: _____