

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 Massachusetts Development Finance Agency

APPLICANT Devens Village Green LLC / NOW Communities LLC

ADDRESS 99 High Street

ADDRESS POBox 1775

TOWN/STATE Boston, MA 02110

TOWN/STATE Concord MA 01742

PHONE 617-330-2000

PHONE 978-369-6200

FAX _____

FAX _____

SIGNATURE

Robert Easton

SIGNATURE

Robert Easton, Authorized Signatory

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 77 Grant Road Devens MA (Lot 63)

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: 1.692AC/Innovative Residential Development1/
Parcel64: 15.6368AC

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STATEMENT OF PROPOSED WORK OR ACTIVITY: See Narrative

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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) See Narrative

Explain work to be performed: See Narrative

Comments from Notifying Agencies: _____