

DEVENS ENTERPRISE COMMISSION

DEC NO. _____

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

DATE: _____

FEE: _____

===== ESTIMATED COST OF CONSTRUCTION / IMPROVEMENTS No change =====

OWNER Commonwealth Fusion Systems

APPLICANT Same

ADDRESS 148 Sidney Street

ADDRESS _____

TOWN/STATE Cambridge, MA 02139

TOWN/STATE _____

PHONE 509-942-4255

PHONE _____

FAX _____

FAX _____

DocuSigned by:
Bob Mumgaard

SIGNATURE

SIGNATURE

Robert Mumgaard, CEO

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 111 Hospital Road

LOT SIZE / TOTAL PARCEL / ZONING DISTRICT: 33+ acre parcel set within a 44+ acre Master Site Plan area within the Innovation and Technology Business (ITB) Zoning District

STATEMENT OF PROPOSED WORK OR ACTIVITY: Construction of CFS Building 2 and associated site improvements.

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

- | | |
|---|--|
| <input type="checkbox"/> Lot Plan - Subdivision | <input type="checkbox"/> Event Police Detail & Fire Notice * |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> One-Day Liquor License
Police Detail & Fire Notice * |
| <input type="checkbox"/> Wetlands RDA / NOI / CoC | <input type="checkbox"/> Liquor License Yearly |
| <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Food Service Common Victualer |
| <input checked="" type="checkbox"/> Minor amendment or modification of an approved plan | |
| <input type="checkbox"/> Historic district renovations/addition/alternations | <input type="checkbox"/> Certificate of Occupancy |
| <input type="checkbox"/> Other (Specify) _____ | |

Explain work to be performed: Same as previously approved.

Comments from Notifying Agencies: _____