

**APPLICATION TO MODIFY A PREVIOUSLY APPROVED  
ADAPTIVE USE SPECIAL PERMIT and/or AUOD PLAN**

Medway Planning Board  
155 Village Street - Medway, MA 02053  
508 533-3291

This application to modify an approved Adaptive Use Special Permit and/or AUOD Plan is made pursuant to the Medway Zoning By-Law, Section V. USE REGULATIONS, Subsection W. ADAPTIVE USE OVERLAY DISTRICT

Date: \_\_\_\_\_

The undersigned, being the applicant and the owner of all land included within the site shown on the previously approved AUOD plan entitled \_\_\_\_\_  
\_\_\_\_\_ as last revised dated \_\_\_\_\_,  
prepared by \_\_\_\_\_ and \_\_\_\_\_,  
herewith submits this application to modify the approved Adaptive Use Special Permit and/or AUOD Plan.

1. Property Location Address: \_\_\_\_\_

2a) Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

2b) Applicant (if other than property owner): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_ Please check here if you are the equitable owner (purchaser on a purchase and sales agreement.)

- 2c) *NOTE* – If someone other than the property owner or the equitable owner is the applicant or will be representing the applicant, then the property owner or equitable owner must designate an Official Representative below:

Official Representative: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

4. Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

5. Architect: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

6. Date of Planning Board Approval of Adaptive Use Special Permit: \_\_\_\_\_

7. Date of Planning Board endorsement of AUOD Plan: \_\_\_\_\_

8. Date & Information re: Recording AUOD Plan and Adaptive Use Special Permit at Norfolk County Registry of Deeds.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Project Description – Please attach a detailed description of how you wish to modify the Adaptive Use Special Permit and/or AUOD Plan. Please explain why you want to change the approved AUOD Plan and/or Adaptive Use Special Permit.

**SIGNATURES** – I hereby certify, under the pains and penalties of perjury, that the information contained in this application is true and complete to the best of my knowledge and belief. *(If Applicable, I hereby authorize \_\_\_\_\_ to serve as my Official Representative to represent my interests before the Town of Medway with respect to this application to modify an Adaptive Use Special Permit and/or AUOD Plan.)* In submitting this application, I also authorize the Planning Board, its agents, and other Town officials to access the site during the site plan modification review process.

<i>Signature of Property Owner</i>	<i>Date</i>
<i>Signature of Applicant (if other than Property Owner)</i>	<i>Date</i>
<i>Signature of Official Representative</i>	<i>Date</i>

**SUBMITTAL INSTRUCTIONS – Required Submittals**

**Town Clerk**

- \_\_\_\_\_ One (1) Adaptive Use Special Permit /AUOD Plan Modification Application form with original signatures
- \_\_\_\_\_ One (1) set of the proposed revised AUOD Plan prepared in conformance with the *AUOD Rules and Regulations (if applicable)*
- \_\_\_\_\_ One (1) copy of revised storm drainage calculations *(if applicable)*

**Planning Board**

- \_\_\_\_\_ One (1) Adaptive Use Special Permit/AUOD Plan Modification Application form with original signatures
- \_\_\_\_\_ Nine (9) sets of the proposed revised AUOD Plan prepared in conformance with the *AUOD Rules and Regulations (if applicable)*
- \_\_\_\_\_ Two (2) copies of storm drainage calculations *(if applicable)*
- \_\_\_\_\_ \**Adaptive Use Special Permit/AUOD Plan Modification Fee* – Made payable to the Town of Medway - \$500 ??
- \_\_\_\_\_ \**Advance toward AUOD Plan Review Expenses (if applicable)* – Made payable to Town of Medway

For projects up to 9,999 sq. ft./gross floor area     \$ 500  
 For projects over 10,000 sq. ft./gross floor area     \$1,000

**\* NOTE – These must be two separate checks.**