



**Planning & Economic Development Board - Town of Medway, MA  
ADAPTIVE USE OVERLAY DISTRICT (AUOD)**

**Application to Amend, Modify or Revise an Approved AUOD  
Special Permit and/or AUOD Plan**

**INSTRUCTIONS TO APPLICANT/OWNER**

*This Application is made pursuant to the Medway Zoning Bylaw.*

*The Town's Planning Consultant will review the Application and proposed modifications and provide a review letter to the Planning and Economic Development Board.*

*A copy of that review letter will be provided to you in advance of the meeting.*

*You and/or your duly authorized Agent/Designated Representative are expected to attend the Board meeting at which your Application will be considered to answer any questions and/or submit such additional information as the Board may request.*

*Your absence may result in a delay the Board's review of the application.*

\_\_\_\_\_, 20\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

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

Name of Primary Contact: \_\_\_\_\_

Telephone:  
Office: \_\_\_\_\_

Cell: \_\_\_\_\_

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

\_\_\_\_ Please check here if the Applicant is the equitable owner (*purchaser on a purchase and sales agreement.*)

Was the current applicant also the applicant when the original AUOD special permit was issued?

\_\_\_\_ Yes \_\_\_\_ No. If no, who was the recipient of the original AUOD special permit?

\_\_\_\_\_

**ORIGINAL AUOD PERMIT & PLAN INFORMATION**

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

Development Name: \_\_\_\_\_

Plan Title: \_\_\_\_\_

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

Prepared by:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Date AUOD Special Permit was issued: \_\_\_\_\_

Date AUOD Plan was endorsed: \_\_\_\_\_

Recording Information:

*AUOD Special Permit* Book: \_\_\_\_\_ Page: \_\_\_\_\_ Date: \_\_\_\_\_

*AUOD Plan* Plan #: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_ Date: \_\_\_\_\_

### **PROPERTY INFORMATION**

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

The land shown on the plan is shown on Medway Assessor's Map # \_\_\_\_\_ as Parcel # \_\_\_\_\_

Total Acreage of Land: \_\_\_\_\_

General Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scenic Road

Does any portion of this property have frontage on a Medway Scenic Road?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please name street: \_\_\_\_\_

Wetlands

Is any portion of the property within a Wetland Resource Area? \_\_\_\_\_ Yes \_\_\_\_\_ No

The owner's title to the land that is the subject matter of this application is derived under deed from: \_\_\_\_\_ to \_\_\_\_\_

dated \_\_\_\_\_ and recorded in Norfolk County Registry of Deeds, Book \_\_\_\_\_ Page \_\_\_\_\_ or Land Court Certificate of Title Number \_\_\_\_\_, Land Court Case Number \_\_\_\_\_, registered in the Norfolk County Land Registry District Volume \_\_\_\_\_, Page \_\_\_\_\_.

### **SCOPE of PROPOSED AMEDMENT/ MODIFICATION/REVISION**

This is a petition to: (check all that apply)

1. \_\_\_\_\_ **Amend/Modify/Revise the previously approved AUOD Special Permit or any conditions/limitations.**

What modifications are proposed to the decision? Provide a complete description.

Why does the decision need to be modified? Provide a completion description.

**2. \_\_\_\_\_ Amend/Modify/Revise a previously approved AUOD Plan**

What modifications are proposed to the plan? Provide a complete description.

Why does the plan need to be modified?

Plan Modification Title: \_\_\_\_\_

Plan Modification Date: \_\_\_\_\_

Prepared by:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**PROPERTY OWNER INFORMATION (if not applicant)**

Property Owner's Name: \_\_\_\_\_

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

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

Telephone:

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

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

**CONSULTANT INFORMATION**

**ENGINEER:** \_\_\_\_\_

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

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

Telephone:

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Registered P.E. License #: \_\_\_\_\_

**SURVEYOR:** \_\_\_\_\_

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

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

Telephone:  
Office: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Registered P.L.S. License #: \_\_\_\_\_

**ARCHITECT:** \_\_\_\_\_

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

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

Telephone:  
Office: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Registered Architect License #: \_\_\_\_\_

***DESIGNATED REPRESENTATIVE INFORMATION***

Name: \_\_\_\_\_

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

Telephone:  
Office: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

**SIGNATURES**

The undersigned, being the Applicant, herewith submits this application to modify a previously approved AUOD Special Permit and/or AUOD Plan to the Medway Planning and Economic Development Board for review and action.

I hereby certify, under the pains and penalties of perjury, that the information contained in this application is a true, complete and accurate representation of the facts regarding the property under consideration.

(If applicable, I hereby authorize \_\_\_\_\_ to serve as my Agent/Designated Representative to represent my interests before the Medway Planning & Economic Development Board with respect to this AUOD application.)

In submitting this application, I authorize the Board, its consultants and agents, Town staff, and members of the Design Review Committee to access the site during the plan review process.

_____	_____
Signature of Property Owner	Date
_____	_____
Signature of Applicant (if other than Property Owner)	Date
_____	_____
Signature of Agent/Designated Representative	Date

**AUOD MODIFICATION FEES**

**Filing Fee - \$250**

**Advance on Plan Review Fee - \$500 (payable only if the application includes a proposed modification to the originally approved AUOD plan)**

*Submit 2 separate checks each made payable to: Town of Medway*

**AUOD SPECIAL PERMIT MODIFICATION APPLICATION CHECKLIST**

- \_\_\_\_\_ IF APPLICABLE, an electronic version of the proposed modification of the previously approved AUOD plan.
- \_\_\_\_\_ IF APPLICABLE, two (2) full size copies of the proposed modified AUOD Plan prepared in accordance with the *AUOD Rules and Regulations*.
- \_\_\_\_\_ Designer’s Certificate – Form D
- \_\_\_\_\_ Certified Abutters List from the Medway Assessor’s office – for 300 feet around the subject property – Form E
- \_\_\_\_\_ Request for Waivers from the *Medway AUOD Rules and Regulations* – Form Q
- \_\_\_\_\_ Filing Fee (\$250) Payable to Town of Medway
- \_\_\_\_\_ Advance of Plan Review Fee (\$500) if applicable – Payable to Town of Medway