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**Planning & Economic Development Board
Town of Medway, MA**

**Application to Modify a Previously Approved Marijuana
Special Permit Decision and/or Site Plan**

INSTRUCTIONS TO APPLICANT/OWNER

This Application is made pursuant to the Medway Zoning Bylaw.

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.

Nov. 27th, 2024

APPLICANT INFORMATION

Applicant's Name: Good Feels Inc
Mailing Address: 23 Jayar Rd., Suite 6
Medway, MA 02053
Name of Primary Contact: Jason Reposa
Telephone:
Office: _____
Cell: (617) 201-6025
Email address: jason@getgoodfeels.com

☐ 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 Marijuana special permit was issued?

☒ Yes ☐ No. If no, who was the recipient of the original Marijuana special permit?

PREVIOUS MARIJUANA SPECIAL PERMIT INFORMATION

Location Address: 23 Jayar Rd. Suite 6, Medway, MA 02053
Development Name: _____
The land shown on the plan is shown on Medway Assessor's Map #24 as Parcel #014
Date of Marijuana Special Permit Decision: 01/12/2021
Date of Plan Endorsement: 01/12/2021

Type of Permit:

- ☐ Retail Registered Medical Marijuana Facility
☐ Non-Retail Registered Medical Marijuana Facility
☒ Recreational (Adult Use) Marijuana Establishment

Recording Information:

Marijuana Special Permit Book: 39267 Page: 295 Date: 04/13/2021
Site Plan Plan #: _____ Book: _____ Page: _____ Date: _____

SCOPE of PROPOSED MODIFICATION

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

1. ☐ **Modify the previously approved Marijuana Site Plan.**

What modifications are proposed? Why does the Plan need to be modified? **Attach a complete description of the proposed modified scope of work.**

Plan Modification Title: _____

Plan Date: _____

Prepared by:

Name: _____

Firm: _____

Phone #: _____ Email: _____

2. ☒ **Modify a previously approved Marijuana Special Permit or any conditions.**

How and why does the Decision need to be modified? **Attach a thorough description/ explanation. Specify which condition needs to be changed.**

3. ☐ **Request Additional Waivers from the Site Plan Rules and Regulations**

Provide a completed Waiver Request form for each additional waiver request you seek.

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner's Name: William F. Reardon Revocable Trust

Mailing Address: 89 Main St., Suite 105
Medway, MA 02053

Primary Contact: David Moniz

Telephone: _____
Office: (508) 533-8100 Cell: _____

Email address: reardonproperties89@gmail.com

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 Marijuana Special Permit and/or associated site 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 application.)

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

David Moniz

Signature of Property Owner

12-6-24

Date

[Signature]

Signature of Applicant (if other than Property Owner)

12/9/24

Date

Signature of Agent/Designated Representative

Date

MARIJUANA SPECIAL PERMIT and/or PLAN MODIFICATION FEES

Filing Fee (modification to decision) - \$250

Filing Fee (modification to plan) - \$250

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

Submit separate checks for filing fee and Plan Review Fee each made payable to: Town of Medway

MARIJUANA SPECIAL PERMIT MODIFICATION APPLICATION CHECKLIST

- ☐ Two original Marijuana modification applications with signatures.
- ☐ IF APPLICABLE, three full size copies and one 11" x 17" version of the proposed Site Plan Modification prepared in accordance with Sections 204-4 and 204-5 of the Medway Site Plan Rules and Regulations plus an electronic version.
- ☐ Explanation as to how and why the plan and/or decision need to be modified.
- ☐ Certified Abutters List from the Medway Assessor's office – for 300 feet around the subject property
- ☐ IF APPLICABLE, Request(s) for Waivers from the Medway Site Plan Rules and Regulations. Check with PEDB office for waiver request form.
- ☐ IF APPLICABLE, two copies of revised Stormwater Drainage Calculations prepared in conformance with Section 204 – 3, G of the Site Plan Rules and Regulations
- ☐ Marijuana Permit and/or Plan Modification Filing Fee – Payable to Town of Medway
- ☐ Advance of Plan Review Fee – Payable to Town of Medway

