Date

__ Date: ___



Signature Property Owner (if different than Applicant/Petitioner)

Page | 1

Phone: 508-321-4890 | zoning@medwayma.gov https://medwayma.gov/zoning-board-of-appeals/

POR ORATED OCTATE	155 Village Street Medway MA 02053		TOWN CLERK STAMP	
		D "COMPLETE" UNLESS ALL NECESSARY D PLICATION FORM MUST BE COMPLETED F		
Please attach the d		tachments detailing the Reason(s) for request be modified. Please provide any additional wa		
Applicant/Petitioner(s):		Previous Decisio	Previous Decision was for:	
		Variance		
Property Owne	r(s):	Special Permit		
		Comprehensive Permit		
Site Address(es):	Appeal		
Parcel ID(s):				
		Date of Previous Decision:		
Zoning District(s):			
Signature of Applicant/Petitioner or Representative			Date	

Received by: