WITHDRAWAL FORM



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

TO RATED OCTA	155 Village Street Medway MA 02053		TOV	VN CLERK STAMP
O BE COMPLET	ED BY THE APPLICA	NT	S NOT NEED TO BE SUBMITTED FOR A WITH	DRAWAL.
Applicant/Petitio) for requesting tr	e application to be withdrawn. Application was for:	
			Appeal	
Property Owner(s):			Special Permit	
			Variance	
iite Address(es):			Determination/Finding	
			Modification	
arcel ID(s):			Comprehensive Permit	
Request to:				
Vithdraw with Pr	ejudice		Date Original Application was Stamped in	:
Vithdraw withou	t Prejudice			
			<u> </u>	
nature of Applicant/F	Petitioner or Representative			Date

Page | 1

Received by: _____ Date: ____

WITHDRAWAL FORM

TO BE COMPLETED BY STAFF:
Approved
□ Not Approved
Date of Meeting:
Vote of the Zoning Board of Appeals:

Page | 2