

## WITHDRAWAL FORM



### TOWN OF MEDWAY

#### ZONING BOARD OF APPEALS

155 Village Street  
Medway MA 02053

Phone: 508-321-4915 | [zoning@medwayma.gov](mailto:zoning@medwayma.gov)

[Zoning Board of Appeals](#) | [Town of Medway](#)

TOWN CLERK STAMP

**NOTE: A GENERAL APPLICATION FORM DOES NOT NEED TO BE SUBMITTED FOR A WITHDRAWAL.**

#### TO BE COMPLETED BY THE APPLICANT

Please provide an attachment explaining the reason(s) for requesting the application to be withdrawn.

<b>Applicant/Petitioner(s):</b>	<b>Application was for:</b>
	Appeal <input type="checkbox"/>
<b>Property Owner(s):</b>	Special Permit <input type="checkbox"/>
	Variance <input type="checkbox"/>
<b>Site Address(es):</b>	Determination/Finding <input type="checkbox"/>
	Modification <input type="checkbox"/>
<b>Parcel ID(s):</b>	Comprehensive Permit <input type="checkbox"/>
<b>Request to:</b>	
Withdraw with Prejudice <input type="checkbox"/>	<b>Date Original Application was Stamped in:</b>
Withdraw without Prejudice <input type="checkbox"/>	

Signature of Applicant/Petitioner or Representative

Date

#### TO BE COMPLETED BY STAFF:

- ☐ Approved
- ☐ Not Approved

**WITHDRAWAL FORM**

Date of Meeting:

Vote of the Zoning Board of Appeals: