APPLICATION for MINOR MODIFICATION TO AN APPROVED SITE PLAN

APPLICANT/	Name:	
CONTACT:	Address:	
	Phone Number:	
	E-mail:	
OWNER:	Name:	
	Address:	
	Phone Number:	
* If applican	t is different than owner(s), a le	tter of authorization from the owner must accompany this form.
DDOIECT I OCA	TION: Street Address:	
PROJECT LOCA	Aggaggard' Man:	Lot(s):
	Assessors Map.	Lot Since
	Zoning District(s):Lot Size:
DATE OF PREVI	OUS SITE PLANAPPRO	VAL:
DATE OF TREVI	OUS SITE I LAN ALL RO	VAL.
PROPOSED MOI	DIFICATION(S): Applicat	ole only to projects with previously existing site plans.
		rking or buildings) in excess of 750 sq. ft.:sq. ft.
	cation of number of parking	
	scaping equal to or less than	
		ces, or other site amenities more than 1 ft. and less than 5 ft.
	cant to revise condition(s) of	=
_ Other:		
permit, variance, fit	s or pending decision docunnding, etc.) received from the	nentation regarding the site plan to be modified (such as special ne Planning Board, Zoning Board of Appeals, Conservation Historic District Commission.
	OLIDEMENIES	
SUBMITTAL RE		T CD area to all the total
		e Town of Danvers (\$100 plus \$.10 x additional gross floor area)
	Plan Approval checklist.	
		ocumentation. (any previous Board or Commission decisions)
	g owner(s) authorization. (if	
		nodification(s) and listing all requested waivers.
_ 6 FOLDED and	STAPLED copies of all pla	in and elevation sets to be modified.
_ 1 Completed App	olication for Commercial/Ind	dustrial Electric Service if applicable. (available online)
Electronic PDF fo	ormat of all plans, elevation	s, and applicable reports/studies.
	D or e-mailed to <u>dfields@danver</u>	
	_	
Signature of Applican	t/Agent:	Date:
For Department Use O	nly:	*Must be submitted at least 30 days prior to Planning Board hearing.
Date of Planning Board	d Hearing:	*Incomplete filings will not be accepted.