

Town of Acton

APPLICATION FOR SITE PLAN SPECIAL PERMIT



To The Board Of Selectmen



TOWN CLERK, ACTON

Refer to the "Rules and Regulations for Site Plan Special Permits" available from the Office of the Board or the Site Plan Coordinator for details on the information and fees required for this application. Contact the Site Plan Coordinator at 264-9632 with any questions concerning the Rules. Incomplete applications may be denied.

Please type or print your application.

APPLICANT'S

Name & Address

WEST ACTON TRIO, LLC
P.O. BOX 401012
CAMBRIDGE, MA 02140
Telephone (617) 230-3674

Location and Street Address of Site

232 ARLINGTON STREET (SPRUCE CORNER)

Tax Map & Parcel Number MAP F2B PARCELS 70, 71 & 83

Area of Site 0.84 ac.

OWNER'S

Name & Address

WEST ACTON TRIO, LLC
P.O. BOX 401012
CAMBRIDGE, MA 02140
Telephone (617) 230-3674

Zoning District WAV (WEST ACTON VILLAGE)

If any site plans have been filed previously for this site give file numbers:

CONTACT: MARK RODRICK

The undersigned hereby apply to the Board of Selectmen for a public hearing and a site plan special permit under Section 10.4 of the Zoning Bylaw approving the attached site plan.

The undersigned hereby certify that the information on this application and plans submitted herewith is correct, and that all applicable provisions of Statutes, Regulations, and Bylaws will be complied with.

The above is subscribed to and executed by the undersigned under the penalties of perjury in accordance with Section 1-A of Chapter 268, General Laws of the Commonwealth of Massachusetts.

JULY 6, 2010

Date

Signature of Petitioner

[Handwritten signature]

MARK RODRICK, MANAGER
WEST ACTON TRIO, LLC

OWNER'S KNOWLEDGE AND CONSENT

I hereby assert that I have knowledge of and give my consent to the application presented above.

JULY 6, 2010

Date

Signature of Owner

[Handwritten signature]

MARK RODRICK, MANAGER
WEST ACTON TRIO, LLC