

**COMPREHENSIVE PERMIT
APPLICATION FORM**

Refer to the "Rules and Regulations for Comprehensive Permits" available from the office of the Board of Appeals for detailed permit filing requirements. Contact the Building Department at 264-9632 with any questions. Incomplete applications may be denied.

(Please type or print your application)

1. Street Address of the Site 263-265 Great Road, Acton, MA
Name of proposed Development The Meadows at Acton
2. Applicant's Name 263 Great Road, LLC
Address P.O. Box 2359, 69 Great Road, Acton, MA
Telephone 978-263-2989 Fax 978-263-0403 e-mail actonmgt@verizon.net
3. Record Owner Name A. J. Ruggiero
Address: 263 Great Road, Acton, MA
Telephone: 508-254-7633
4. Zoning District(s) of Parcel(s) R-8 Residential and Limited Business
Town Atlas Map(s)/ Parcel Number(s) E-5, 18 and 18-1
5. a) Total development site area 5.47 a b) Number of dwelling units 26
c) Number of affordable units 7 d) Number of units accessible/
e) Total open space 3.3 +/- a adaptable for persons w/ disabilities 26
g) Total length of road(s) public _____ ft private _____ ft N/A: Private Drive
i) Method of wastewater disposal On-Site Sewage Disposal System

The undersigned hereby apply to the Planning Board for a Comprehensive Permit under M.G.L. c. 40B, Sections 20-23. The undersigned hereby certify that the information on the application and plans submitted herewith are correct, and that, to the best of his/her knowledge, the application complies with all applicable provisions of Law and Regulations.

Signed under the penalties of perjury in accordance with M.G.L. c. 268, Section 1A.

Robert P. Stenkey, Manager 4/12/12
Signature of Petitioner(s) Date

Signature of Petitioner(s) Date

RECORD OWNER'S KNOWLEDGE AND CONSENT

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

AS Ruggiero 4-12-12
Signature of Record Owner(s) Date

Signature of Record Owner(s) Date