

FORM G - REQUEST FOR MODIFICATION APPLICATION

Framingham Planning Board

Memorial Building • Room B-37 • 150 Concord Street
 Framingham, MA 01702-8373
 (508) 532-5450 • planning.board@framinghamma.gov



PERMIT | FRAMINGHAM
 plan • build • grow



Town Clerk Stamp

Office Use Only	Project Number: _____	Public Hearing Date: _____	Filing Fee: _____
------------------------	-----------------------	----------------------------	-------------------

Property Information

Address of Property: _____ Precinct#: _____

Framingham Assessor's Information: Parcel I.D.: _____

Parcel I.D.: _____

Parcel I.D.: _____

Zoning District(s): _____ Overlay District(s): _____

The record title stands in the name of: _____

List of Modification Permits

Decision Type <small>(Site Plan Review/Special Permit)</small>	Sections of the Zoning By-law	Date Approved by the Planning Board

Plan Sheets Associated with the Request for Modification

Plan Sheet(s) Number	Plan Revision Date	Date Approved

Brief Description of the Requested Modification

Brief description of project (attach additional pages as necessary):

Required Documents - Please attach a copy of the of the Decision(s) requesting to be modified, Approved Site Plan Sheets and revised Site Plan Sheets, Supporting Documentation and Associated Materials.

CLICK BELOW TO SUBMIT THIS FORM TO THE PLANNING BOARD