

**APPLICATION for REVISED PLANS  
PENDING SITE PLAN APPROVAL**

**APPLICANT/  
CONTACT:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**PROJECT LOCATION:** Street Address: \_\_\_\_\_  
Assessors' Map: \_\_\_\_\_ Lot(s): \_\_\_\_\_  
Zoning District(s): \_\_\_\_\_ Lot Size: \_\_\_\_\_

**DATE of ORIGINAL PLAN SUBMITTAL:** \_\_\_\_\_

**DATE of 1st REVISED PLANS:** \_\_\_\_\_

**DATE of 2nd REVISED PLANS:** \_\_\_\_\_

**DATE of 3rd REVISED PLANS:** \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

- \_\_\_ 1 Application fee made payable by check to the Town of Danvers  
(*\$100.00 - first revision is included in original filing fee*)
- \_\_\_ 1 Completed "Revised Plans" application.
- \_\_\_ 1 Project narrative describing the proposed revision(s) and listing requested waivers.
- \_\_\_ 8 **FOLDED** and **STAPLED** copies of all plan and elevation sets to be revised.
- \_\_\_ 1 Electronic PDF format of all revised plans and/or elevations.  
(*Can be submitted on CD or e-mailed to [kday@mail.danvers-ma.org](mailto:kday@mail.danvers-ma.org).*)

**Signature of Applicant / Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><i>For Department Use Only:</i> Date Comments Due _____ Date of Planning Board Hearing: _____</p>	<p><i>* Must be submitted at least 14 days prior to Planning Board hearing. * Incomplete filings will not be accepted.</i></p>
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