

APPLICATION FOR SCENIC ROADS HEARING

DEC 14 2017

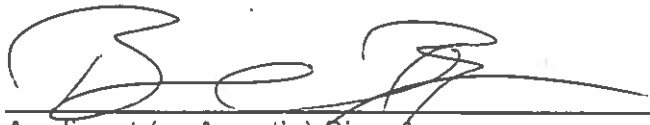

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1. Address/Location of Property Subject to Hearing: 453 Dover Rd.
2. Description of Proposed Work Subject to Hearing:
Remove 2 Trees (dead)
3. Assessor's Map and Parcel Number(s): map 13, Lot 023
4. Size of Parcel: r-o-w
5. Name of Applicant: Brendan Ryan, Tree Warden
6. Applicant's Mailing Address: 50 Carby St.
7. Applicant's Telephone: (H) (781) 320-1038 (W) _____
8. Applicant is: Owner Tenant Licensee Prospective Purchaser Other
9. Name of Property Owner(s): Town of Westwood
10. Property Owner's Mailing Address: 50 Carby St.
11. Deed Recorded in:
 - a. County Registry of Deeds, Book _____ Page _____
 - b. Registry District of the Land Court, Certificate Number _____
Page _____ Book _____
12. Has any Application ever been filed with the Planning Board regarding this Property?
 ___ No ___ Yes, When? _____
13. Has the Lot been surveyed by a Registered Land Surveyor?
 ___ No ___ Yes, When? _____

I hereby request a public hearing before the Westwood Planning Board with reference to the above noted Application for Work within a Scenic Road pursuant to M.G.L. Chapter 40, § 15C.

I consent to pay for the cost of advertising of the hearing will be billed as required by the Zoning Bylaw, which will be billed to me directly as the Applicant by the newspaper at a later date. I also consent to pay for all costs incurred in conjunction with the "Reimbursement for Consultants", in addition to any other fees, expenses and costs in connection with the review and evaluation of this Application for Work within a Scenic Road pursuant to M.G.L. Chapter 40, § 15C.

I hereby certify that the information on this Application is correct, and that the Application complies with all applicable provisions of Statutes, Regulations and Bylaws to the best of my knowledge.

Signed: 
Applicant (or Agent's) Signature

Printed Name of Applicant

Signed: 
Property Owner(s) of Record Signature(s)

Printed Name(s) of Property Owner(s) of Record

Date: _____

Payments Received: Application Fee: \$ _____
 Project Review Fees: \$ _____
 (if applicable)



