



CITY OF NEWBURYPORT
OFFICE OF PLANNING AND DEVELOPMENT
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REQUEST FOR MINOR MODIFICATION

Please attach a copy of revised plans and the recorded decision you are requesting to modify.

Property Address: _____

Applicant: _____

File #(s): _____

Request: _____

Revised Drawings: _____

For office use only:

- Board review/approval required.
- Exceeds minor modification. Hearing required.
- Staff-Level approval. Requested modifications as shown on the above referenced plans qualify as de minimis and do not affect the initial board approval and decision(s) as listed above.

Staff name (print)

Staff signature

Date