



Town of Westport

RECEIVED

AUG 31 2020

Planning Board

856 Main Road

Westport, MA 02790

www.westport-ma.gov

Tel: (508) 636-1037

Fax: (508) 636-1031

planning@westport-ma.gov WESTPORT
PLANNING BOARD

Application for Special Permit – Recreational Marijuana (SP-RM)

Application No. 20-0075P

Date 8/28/2020

This application form shall be filed by the petitioner with the Town Clerk. A copy of said application form including date and time of filing certified by the Town Clerk shall be filed forthwith by the petitioner with the Planning Board along with all other plans, materials and required fees. The Planning Board is not responsible for delays due to incomplete deficient or incomplete submissions.

The following sections of the application describe supplementary information that must be submitted, and those aspects of the proposed site development that will be evaluated by the Planning Board.

1. Full name of owner(s) and address of land to which this application applies:

Coastal Healing LLC, c/o Diego Bernal

248 State Road, Westport, MA 02790

2. Full mailing address and telephone number of owner(s) of land to which this application applies or full name, mailing address and telephone number of the applicant if different from the above:

39 Glen Road Westport, MA 02790

(508) 415-1975

3. Location of Property: Map 3 Lot 144C & E Zoning District: Business

4. Project description and justification of request for a Special Permit:

The applicant is seeking a Special Permit pursuant to Article 27 of the Zoning By-laws to allow recreational sale of marijuana products at a proposed medicinal marijuana cultivation, processing and distribution facility to be located at 248 State Road. Recreational sales will be regulated by appointment only.

5. State the full name, mailing address and telephone of any attorney or other person who is authorized by you to appear and represent you before the Board:

LAW OFFICE OF BRIAN R. COREY, JR., 519 American Legion Highway - P.O. Box 3313, Westport, MA 02790
Tel. (508)636-8861

Owner/Applicant Information: If the applicant and owner are not the same person, the following must be completed:

Applicant:

Name: Coastal Healing LLC, c/o Diego Bernal

Address: 39 Glen Road

City, State Zip: Westport, MA 02790

E-mail: ddbernal1@gmail.com

Diego Bernal 8/28/20
Applicant's Signature Date

Owner:

Name: Same as Applicant

Address: _____

City, State, Zip: _____

E-mail: _____

Owner's Signature Date

- ☐ \$ _____ Application fee
☐ \$ _____ Consultant Review Fee
☐ \$ _____ Town Counsel Review Fee

Received by Town Clerk

