



The Commonwealth of Massachusetts
Board of Registration in Pharmacy
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
Phone:(617)973-0960 ~ Fax 617-973-0980

Renovation/Expansion Request for Board Approval

Name of Pharmacy:	Drug Store Permit #
Pharmacy Address:	
Pharmacy Telephone:	Pharmacy Email:
Manager of Record :	MOR License #:
What is the purpose for this renovation/expansion?	
Describe all the changes that will take place to the pharmacy in this renovation/expansion. (Attach an additional sheet if needed.)	
Will the square footage of the pharmacy be changed with this renovation? _____ If yes, please explain.	
Projected dates for this expansion/renovation?	
As the Manager of Record, I understand that: <ol style="list-style-type: none">1. It is my sole duty to assure that adequate measures are in place to maintain the security of all controlled substances at all times during the renovation/expansion.2. This renovation cannot begin until approved by the Board of Registration in Pharmacy.3. It is my responsibility to comply with all state/local building codes as they relate to this facility,4. a <u>certified blueprint or certified floor plan</u> reflecting the renovations/expansion is submitted with this application.	
Manager of Record Signature _____ Date _____	