



TOWN OF ROCKLAND

Planning Board

Town Hall
242 Union Street
Rockland, MA 02370

Telephone: 781-871-1874 Ext. 1196

Fax: 781-871-0386

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FORM K

ROCKLAND PLANNING BOARD

PLAN REVIEW FORM

REQUEST FOR REVIEW COMMENTS

Project Name & Address: _____

Applicant Name & Address: _____

Contact Name, Address _____ & Phone _____

Date: _____

To:

- | | |
|---|--|
| <input type="checkbox"/> Building Inspector | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Town Engineer | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Board of Health | <input type="checkbox"/> Highway Department |
| <input type="checkbox"/> Water Department | <input type="checkbox"/> Sewer Commission |
| <input type="checkbox"/> Conservation Commission | <input type="checkbox"/> Zoning Board of Appeals |
| <input type="checkbox"/> Selectmen | |
| <input type="checkbox"/> Other (please specify) _____ | |

Attached please find the application for: Site Plan Review
 Definitive Subdivision

The Planning Board requests that you review the enclosed application. We would appreciate your completing the form below and returning it by the date stated below. Failure to comment shall be deemed lack of opposition.

Comments due by: _____

- Concur with proposal (Explain on reverse side)
- Need more information (Explain on reverse side)
- Cannot concur with proposal (Explain on reverse side)
- Comments included

Reviewer's Signature

Title

Date

Please return to Planning Board

FORM K
ROCKLAND PLANNING BOARD

CERTIFICATION OF RECEIPT OF APPLICATION

Department delivered to: _____

Project Name: _____

Received by: _____
Print Name

_____ Title

_____ Signature

Date Received: _____

The Applicant is required to submit signed copies of this page to the Planning Board for each department, board, agency or professional to which an application package has been delivered. Page 1 will be completed and returned directly to the Planning Board by the department, board, agency or professional.