# TECHNICAL REVIEW COMMITTEE APPLICATION

DATE OF SUBMISSION: _____

APPLICANT: _____

LOCATION: _____

PARCEL ID _____

Submission Requirements: 6 paper copies of plan set; 2 copies of studies/reports.

Attach Local/State/Federal Permits (if applicable.)

## TYPE OF PROPOSAL

**Site Plan** ____ Commercial ___ New Construction ___ Addition ___

**Multi-Family** _____ # of Units _____

**Subdivision** _____ # of Lots _____

Conversion from residential to non-residential use? Yes ____ No ____

Consult Original Site Plan (if available) _____

**Description of Project:**_____

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**All Construction shall be in accordance with Town of Derry Ordinances, Regulations and Department Policies, procedures and specifications. It is the responsibility of the owner/applicant to be aware of these requirements.**

**The owner/applicant is responsible to notify Dig-Safe and obtain a Town of Derry Trench Opening permit prior to any excavations within the Town right of way or in the general vicinity of water/sewer or other underground utility lines.**

**No municipal water/sewer work may begin without an approved Town of Derry water/sewer permit.**

**Property Owner**_____

Address_____

City, State, Zip_____

Telephone _____

**Developer/Applicant**_____

Address_____

City, State, Zip_____

Telephone _____

**Engineer/Surveyor**_____

Address_____

City, State, Zip_____

Telephone_____

## ROADS

1. Proposed Road Name (if applicable) _____
2. Alteration of access to public streets? Y _____ N _____
   Show alteration or relocation of streets, including driveway locations
3. Existing access width and location (Attach sketch)

## PARKING

1. Number of spaces:
   Existing _____ Additional _____ Total _____
2. Percent pavement expansion vs. open/green space _____

## BUILDING

1. Lighting Existing _____ Proposed _____
2. Signage Existing _____ Proposed _____
3. Building Elevation (Provide sketch, Photograph)
4. Plot plan (Provide 8 1/2 x 11 sketch)

## UTILITIES

Town Water ___ Private Well _____ Community Well _____

Town Sewer ___ Private Septic System _____Community Septic System _____

Fire Protection Cistern _____ Size _____Sprinkler System _____

Plumbing permit required? Yes _____ No _____

## DRAINAGE

1. Increased drainage due to improvements? Yes _____ No _____
2. Lot Grading _____
3. Describe drainage flow _____

_____

## LANDSCAPING

1. Plantings Existing _____ Proposed _____
2. Loam & Seeding Yes _____ No _____

PREPARED BY _____ DATE _____

# INTERNAL USE ONLY

**Please review with regard to compliance with all applicable building codes, regulations and zoning ordinances. Comments and concerns can be noted below for inclusion in the applicant file. The TRC meeting is scheduled for Friday, _____**

## DEPARTMENT OF PUBLIC WORKS

PLEASE PRINT

Parcel ID: _____ Project Title: _____

**Distribution**

| Division | Representative | Date |
|---|---|---|
| Engineering/Escrow/Inspections | Mark L'Heureux, Engineering Coordinator | _____ |
| Highway/Drainage | Alan Côté, Highway Coordinator | _____ |
| Water/Sewer | Tom Carrier, WWW Superintendant | _____ |
| Environmental | Craig Durrett, Environmental Engineer | _____ |
| General Review/Dept. approval | Mike Fowler, Director | _____ |

I have reviewed the above referenced site/subdivision plan relative to the requirements of the Division which I represent and note the following:

**ENGINEERING:** Attachments? Y____N_____

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By:_____ Date: _____

**HIGHWAY/DRAINAGE:** Attachments? Y____N ____

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By:_____ Date: _____

**WATER/SEWER:** Attachments? Y___N_____

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By:_____ Date: _____

**ENVIRONMENTAL:** Attachments? Y___N_____

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**GENERAL REVIEW/DEPARTMENTAL APPROVAL:** Attachments? Y___N _____

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By:_____ Date: _____

***Signatures represent that the Department has reviewed the information provided on the Site/Subdivision plan relative to compliance with DPW requirements, regulations,***

***ordinances, facility/master/capital plans and general policies. The Department does not represent the design information to be accurate.***

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## CODE ENFORCEMENT

**DATE** _____

**Robert Mackey, Director** (or designee) _____

Attachments? Y___N ____

**HEALTH DEPARTMENT REVIEW REQUIRED Y_____ N_____**

COMMENTS_____

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## FIRE DEPARTMENT

**DATE** _____

**Captain Scott Jackson, Derry Fire Department** (or designee) _____

Attachments? Y___N____

COMMENTS

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## POLICE DEPARTMENT

**DATE** _____

**Capt. George Feole** (or designee) _____

Attachments? Y___N_____

COMMENTS

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# INTERNAL USE ONLY

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## COMMUNITY DEVELOPMENT/PLANNING DEPARTMENT

**DATE** _____

**George Sioras, Director** _____

Attachments? Y___N ____

COMMENTS

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