

TECHNICAL REVIEW COMMITTEE APPLICATION

\$50.00 fee, initial submission
\$25.00 fee, subsequent submission

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: _____

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.

TECHNICAL REVIEW COMMITTEE APPLICATION

Property Owner _____

Address _____

City, State, Zip _____

Telephone _____

Email Address _____

Developer/Applicant _____

Address _____

City, State, Zip _____

Telephone _____

Email Address _____

Engineer/Surveyor _____

Address _____

City, State, Zip _____

Telephone _____

Email Address _____

TECHNICAL REVIEW COMMITTEE APPLICATION

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)
5. Commercial Kitchen ___N ___ Y [New Construction ___ Renovation ___]

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 ___

TECHNICAL REVIEW COMMITTEE APPLICATION

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

<u>Division</u>	<u>Representative</u>	<u>Date</u>
Engineering/Escrow/Inspections	Mark L'Heureux, Engineering Coordinator	_____
Highway/Drainage	Alan Côté, Superintendent of Operations	_____
Water/Sewer	Tom Carrier, Deputy Director	_____
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___

By: _____ Date: _____

TECHNICAL REVIEW COMMITTEE APPLICATION

HIGHWAY/DRAINAGE:

Attachments? Y ___ N ___

By: _____ Date: _____

WATER/SEWER:

Attachments? Y ___ N ___

By: _____ Date: _____

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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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HEALTH DEPARTMENT

DATE _____

Courtney Bogaert, Health Officer _____

Attachments? Y___N___

HEALTH DEPARTMENT REVIEW REQUIRED Y_____ N_____

COMMENTS _____

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FIRE DEPARTMENT

DATE _____

David Eastman, Director of Fire Prevention (or designee) _____

Attachments? Y___N___

COMMENTS

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POLICE DEPARTMENT

DATE _____

Capt. David Michaud (or designee) _____

Attachments? Y___N___

COMMENTS

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PLANNING DEPARTMENT

DATE _____

George Sioras, Director _____

Attachments? Y___N___

COMMENTS

