

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) _____

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 _____

Developer/Applicant _____

Address _____

City, State, Zip _____

Telephone _____

Engineer/Surveyor _____

Address _____

City, State, Zip _____

Telephone _____

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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 _____

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HIGHWAY/DRAINAGE:

Attachments? Y ___ N ___

By: _____ Date: _____

WATER/SEWER:

Attachments? Y ___ N ___

By: _____ Date: _____

ENVIRONMENTAL:

Attachments? Y ___ N ___

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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, _____

CODE ENFORCEMENT

DATE _____

Robert Mackey, Director (or designee) _____

Attachments? Y___N___

HEALTH DEPARTMENT REVIEW REQUIRED Y_____ N_____

COMMENTS _____

