



TOWN OF SEEKONK

FORM **D**

PLANNING BOARD

100 PECK STREET, SEEKONK, MA 02771

1-508-336-2961

APPLICATION FORM FOR APPROVAL OF SITE PLAN REVIEW

Date: _____

Applicant Name: _____ Phone No.: _____

Applicant Address: _____

Address of Subject Property: _____

Subject Property Plat No.: _____ Subject Property Lot No.: _____ Present Zoning: _____

Checklist Form D:

- Application Form (2x) Please note both copies must be originals, 1 copy for Planning and 1 copy for Town Clerk
- Application fee is \$2.00 dollars per parking & loading space with a \$25 dollar minimum fee, CK # _____ made out to the Town of Seekonk. The cost for an outside consultant review shall be borne by Applicant
- Certificate of Good Standing, completed and signed by Tax Collector
- The Applicant is responsible for forwarding (1) copy of Plans and Drainage Report to Consulting Engineers (Planning office will advise who the Engineers are for the project)
- Site Plan received (8) copies and (1) 11" x 17" conforming to the applicable contents of Sec. 5.3 in the Rules & Regs. Governing subdivision of land in Seekonk.
(5) Plans after approval
- Site Plan Received (1) copy CD or DVD
- Erosion & Sedimentation Control Plan conforming with Categories 20B & 20C of General By-laws.
- Drainage Plan/Calculations conforming with Categories 20B & 20C of General By-laws
- Landscaping Plan

Lighting Plan

Traffic study or documentation that sec. 10.6.1.20 does not apply

Architectural Plan

Received by:

Date: _____

Time: _____

*Signature: _____

*Signature of Applicant

* Print name

Address of Applicant

*Signature of Owner or Notarized letter (if applicable)

Address of Owner

***Please use blue pen to sign**