

TOWN OF ROCKLAND

Planning Board

Town Hall 242 Union Street Rockland, MA 02370 Telephone: 781-871-1874 Ext. 1196

Fax: 781-871-0386

 ${\it Email: Planning Board @ rockland-ma.gov}$

DESIGN REVIEW APPLICATION

The following criteria is intended to provide a basic format from which all submissions for DESIGN REVIEW are to be evaluated. It is recommended that all parties preparing a submission insure all information contained herein is addressed on the documentation to be presented.

TD	t: Street Address:			
Town:	State:	Zip code:		
Phone: Office:	Home:		_	
Fax:	Email:			
Project Location:				
Project Description:				
	Required Setbacks: Front:			
	Rear:			
Required Parking:	Stalls. Site Area:	(Square Feet	Acres)	
Proposed Building Dimer	nsions: East Elevation:	West Elevat	ion:	North Elevation
South Elevati	on: Number of l	Floors:	Proposed Gro	ss Floor Area:
	t:(Above Fl	oor Floretion at Grad	lo Movimum	\
Proposed Percentage of C	Coverage 04	ooi Elevation at Orac	ie — iviaxiiliulii,)
		Doore		
	: Side: king Stalls:			
•	g Areas	* *		
	g Aleas ng Materials:			
Troposed Exterior Building	ig Materials.			
	or: Describe Landscaping, Signage			

PLANNING BOARD USE ONLY:

Date of Review:
1 . Has the Applicant satisfied the requirements of Section Six — REQUIRED INFORMATION TO BE SHOWN ON PLANS as follows; SITE PLANS: Locus Plan: North Arrow: Building Location: Vehicular Circulation: Pedestrian Circulation: Sign: Exterior Storage Areas: Exterior Lighting: Sign: Configuration: Mechanical and Electrical Equipment: Existing and Proposed Grades: LANDSCAPING PLANS: BUILDING PLANS: Floor Plans: Exterior Elevations:
 RECOMMENDATIONS: Having completed the PLAN REVIEW for the project identified on Page One, the Planning Board recommends Particular and special attention is requested for the following items:
Reasons for a recommendation of disapproval:
Planning Board:
Chairman
Vice Chairman
Clerk