

PROJECT REVIEW APPLICATION



223 Shea Memorial Drive
S. Weymouth, Massachusetts
02190

ph 781.682.2187

f 781.682.2189

Project Review Application Form

When filing applications, applicants shall adhere to the Enabling Legislation, the By-Laws and all applicable regulations of the Corporation. The lead reviewer for the applicable review authority shall provide the applicant with a completed cover sheet during the pre-filing period which will indicate whether or not the submission is complete and whether any additional information or materials are needed to be included in the official application.

Project Name: _____

Application(s) for review (joint filings permitted):

- Special Permit
- Site Plan Major Plan Change(s) Minor Plan Change(s)
- Development Plan Substantial Modification(s) Minor Modification(s)
- Other: Improvement Project, etc.
- Administrative Appeal
- Variance

Pre-Filing Meeting Date: _____

Pre-Filing Review (Cover Sheet) Date: _____

Have previous submittals been issued pertaining to this application?

- Yes No

If yes, please identify the previous submittal(s), applicable review authority(ies) and approval and/or denial date(s):

The undersigned, being the applicant hereby submits the following documents entitled:

The undersigned's title to said land is derived from:

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By deed dated _____ and recorded in the [Norfolk/Plymouth] County Registry of Deeds, Book No. _____ Page No. _____ or [Norfolk/Plymouth] County Registry District of the Land Court Certificate of Title No. _____ Book No. _____ Page No. _____ Assessors Map Sheet No. _____ Block No. _____ Lot(s) No. _____

Applicant Information:

Name (printed) _____
Signature _____
Address _____
Phone No. _____
Email Address _____

Owner's Address and Signature (if not the Applicant):

FOR FILING OFFICE USE ONLY

Filing Fee(s): \$ _____ Filing Fee(s) Received by Filing Office
Project Review Fee(s): \$ _____ Project Review Fee(s) Received by Filing Office

Application Received by Applicable Filing Office: <input type="checkbox"/> SSTTDC Filing Clerk <input type="checkbox"/> Abington Town Clerk <input type="checkbox"/> Rockland Town Clerk <input type="checkbox"/> Weymouth Town Clerk	Application Received by Applicable Review Authority: <input type="checkbox"/> SSTTDC Special Permit Granting Authority <input type="checkbox"/> SSTTDC Permit Granting Authority <input type="checkbox"/> SSTTDC Zoning Enforcement Officer <input type="checkbox"/> NAS Board of Appeal <input type="checkbox"/> Town of Abington PGA/ ZBA or VGA (circle one) <input type="checkbox"/> Town of Rockland PGA/ ZBA or VGA (circle one) <input type="checkbox"/> Town of Weymouth PGA/ ZBA or VGA (circle one)
Date:	Date:
Time:	Time:
Signature:	Signature:

Other offices requiring a copy of the application	Date application sent

Public Hearing Date _____ Decision Date _____ Date Filed/Mailed _____