



TOWN OF DOUGLAS
FORM M
Referral and Review Form

OFFICE USE ONLY

APPL No. _____

SUBMITTED _____

FEE _____

I. Applicant Information

Owners Name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

II. Owner Information

Name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

III. Plan Information

Title of Plan: _____

Drawn By: _____

PLS registration #: _____

Date on Plan: _____

Date of approval of plan: _____

Date of endorsement of approval of plan: _____

Recording information of originally approved plan: _____



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IV. REFERRAL AND REVIEW FORM

FROM: Planning Board

DATE: _____

TO:

- | | |
|--|--|
| <input type="checkbox"/> TOWN CLERK | <input type="checkbox"/> HIGHWAY DEPARTMENT |
| <input type="checkbox"/> BUILDING DEPARTMENT | <input type="checkbox"/> FIRE DEPARTMENT |
| <input type="checkbox"/> TOWN ENGINEER | <input type="checkbox"/> POLICE DEPARTMENT |
| <input type="checkbox"/> BOARD OF SELECTMEN/ EXECUTIVE ADMINISTRATOR | <input type="checkbox"/> WATER & SEWER DEPARTMENT |
| <input type="checkbox"/> BOARD OF HEALTH | <input type="checkbox"/> PUBLIC SAFETY COMMITTEE |
| <input type="checkbox"/> CONSERVATION COMMISSION | <input type="checkbox"/> ROAD COMMISSIONERS |
| <input type="checkbox"/> BOARD OF ASSESSORS | <input type="checkbox"/> POST OFFICE |
| <input type="checkbox"/> FILE COPY | <input type="checkbox"/> COMMUNITY DEVELOPMENT |
| <input type="checkbox"/> MUNICIPAL CENTER | <input type="checkbox"/> LOCAL UTILITY COMPANIES: |
| | <input type="checkbox"/> CABLE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> TELEPHONE |

In accordance with section _____ of the planning board's subdivision rules and regulations, the above-captioned plan is being submitted to your department/board or to you review and recommendations. Please consider the following area(s), among others, in your review of this plan.

(Planning board to check off area to be reviewed)

- | | |
|---|--|
| <input type="checkbox"/> DRAINAGE | <input type="checkbox"/> STREET NAMES AND ADDRESSES |
| <input type="checkbox"/> ENGINEERING SPECIFICATIONS | <input type="checkbox"/> WATER SYSTEM |
| <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> SEWER SYSTEM |
| <input type="checkbox"/> HEALTH | <input type="checkbox"/> WETLANDS, FLOODPLAINS |
| <input type="checkbox"/> OPEN SPACE | <input type="checkbox"/> UTILITY SYSTEM: |
| <input type="checkbox"/> POLICE PROTECTION | <input type="checkbox"/> CABLE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> TELEPHONE |
| <input type="checkbox"/> ROAD DESIGN AND LAYOUT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> SEWER SYSTEM | |
| <input type="checkbox"/> STREET LIGHT | |

Please submit your report and any recommendations to the planning board by _____.

Clerk,