# Town of Walpole Planning Board Application for Site Plan Review

(File in Triplicate)

Date:					
SITE PLAN INFORM	IATION				
Address(es) of Propert	ty:				
Assessors Map:	Parcel(s):		Zoning	District:	
Overlay District(s):				_	
Γhe following request	is for SITE PLAN	REVIEW	under Section 1	3 of the Zoning By-laws to	all (
A DDI ICANE DIEODI	MATION				
APPLICANT INFOR					
Name of Applicant:				_	
Address:					
Telephone Number 1:			(Business Land	Line)	
Telephone Number 2:	<del>-</del>		(Business Cell)		
Fax:	E	-Mail:		_@	
OWNER INFORMAT	TION				
Name of Owner(s) of I	Record:				
Telephone Number 1:					
Γelephone Number 2:	<del>-</del>		(Business Cell)		
Zowe	E	Mail			

### DESIGNER INFORMATION

Name of Engineer/Surveyor:	
Address:	
Telephone Number 1:	(Business Land Line)
Telephone Number 2:	(Business Cell)
Fax:E-Mail:_	<u>@</u>
Signature of Applicant	Date
Signature of Property Owner	Date
Signature of Zoning Official	Date
DRC REVIEW	
□ Yes □ No If Yes, Date of Meeting_	

If yes, Please attach findings memorandum to the packet

# **Town of Walpole Planning Board**

# Request for Abutters List Site Plan Review

**Explanation:** Applicants are advised that they are responsible for acquiring the abutters list for this project from the Board of Assessors. Please use this form to make the request from the Board of Assessors to get this information. Applicant must then supply the items received from the Assessors to the Planning Board as part of the application.

Date:	
To: Town of Walpole Board of Assessors	
I respectfully request an abutters list (locus 300 feet) for the Planning Site Plan Review approval by virtue of the provisions of Section 13 of	
Name of Applicant	_
Address	_
Telephone	
Fax	
E-Mail @	
Location of Property and Assessors Lot Number	
I understand that I shall pay a fee of \$1.50 per abutter to the Board of	Assessors to assemble this list.
Please note that the following items are included with this packet:	Abutters Request Form Abutters List Two (2) Sets of Mailing
Labels	.,
The complete packet must be submitted to the Planning Board w	hen making an application for a Site

Plan Review public hearing.

# **Town of Walpole Planning Board**

# **Development Impact Statement**

To be completed in full. DO NOT LEAVE ANY BLANK, except where otherwise allowed. If some sections do not apply, enter "N/A". If you wish that a section be waived, enter "Waiver Requested" and provide justification narrative in cover letter.

1. Project Name \_\_\_\_\_

Address/Location \_\_\_\_\_

#### I. SUMMARY

A.

**Project Identification** 

Applicant

Master Plan/Regional Plan

2. Applicant		
Address		
3. Owner		
Address		
Areas of Potential Impact		
Check all areas in which an impact relate site, positive as well as adverse:	ed to this project ma	y occur, both on-s
	Construction Impact	Long-Term Impact
Traffic		
Air Quality		
Surface/Groundwater Quality		
Flooding/Erosion/Sedimentation		
Wetlands		
Hazardous Waste		
Microclimate (wind, temperature, etc.)		
Solar Access		
Noise		
Light		
Water System Capacity		
Solid/Liquid Waste Disposal System		
Tax Revenues		
Property Values		
Historical/Archaeological		
Neighborhood Character/Aesthetics		
Open Space/Recreation		

# **DETAILS**

1.	Zoning:	R RA RB	Is any portion of t Water Resource P		
		GR	Yes:	No:	
		IND LM HB	If yes, specify WF	RPOD Area(s):	
		B CBD	1) 2)	3) 4)	<u> </u>
2.	Total Area of F	Project:	square feet	(	_acres)
	Breakdown:	Developed Open Space/Recreation Wetlands Flood Plain Agricultural Woodlands		square feet square feet square feet square feet square feet	
3.	Provide the fol	lowing only if applicable:			
		Length of proposed roads Number of proposed park Proposed number of reter Number of proposed hou Number of proposed stor Proposed gross floor area	king spaces ntion basins sing units ies		feet 
Narrativ	ve Description				
	Describe site an	nd project:			

### II. PERMITS AND OTHER ACTIONS

List the Federal, State, and Local agencies from which permits or other sections will or have been sought:

		<u>AGENCY</u>	<u>PERMIT</u>	DATE FILED/FILE NUMBER
III. T	RAFFIC	IMPACT ASSES	SSMENT	
	A.	Existing Traffic	Conditions	
				cent to or within 1,000 feet of the proposed project ata. Attach separate sheet or report, if necessary.
		Average Daily a	nd Peak Hour Volu	mes:
		Average and Pea	ak Speeds:	
		Sight Distances:		
	В.	Projected Traffic	c Impacts	
		boundaries, as w	ell as proposed acc	acent to or within 1,000 feet of the proposed project ess and egress routes, streets, and intersections within a following date. Attach separate sheet or report, it
		Projected Average	ge Daily and Peak I	Hour Volumes:
			(T.O.G.) P:	
		Level of service	(LOS) Ratings:	

	Projected average and peak speeds:
	Sight Distances:
	For all streets and intersections analyzed in A and B above, how will background traffic growth affect traffic conditions in the design year of occupancy of this project?
IV. ENVIRON	MENTAL IMPACT ASSESSMENT
A.	Air Quality  Will the project create any significant emissions of dust, fumes, or other noxious gases?  Describe:
В.	Surface/Groundwater Quality  Will the project adversely affect surface and groundwater in the area, either by run-off, leaching, or other similar methods?
C.	Flooding Will any buildings within the project be sited within 100' of an established flood plain?
D	Yes: No: What proportion of the project will be subject to flooding?  Erosion/Sedimentation
D.	Will the project create significant amounts of erosion of topsoil? Yes: No:  Will sedimentation of adjacent streams or wetlands occur? Yes: No:
D.	What proportion of the project will be subject to flooding?  Erosion/Sedimentation  Will the project create significant amounts of erosion of topsoil? Yes: No:

E.	Wetlands and Wildlife
	Will construction of the project take place within 100' of any wetlands?
	Yes: No:
	Will the project adversely impact any areas of critical wildlife habitat?
	Yes: No:
F.	<u>Hazardous Waste</u>
	Are hazardous wastes present on the site? Yes: No:
	Will the project generate hazardous wastes of any form? Yes: No:
	Will there be any hazardous wastes stores on site? Yes: No:
G.	<u>Microclimate</u>
	Describe any significant impacts on wind pattern or surface temperatures the project may generate:
Н.	Solar Access
	Will the project impede the solar access of adjacent properties? Yes: No:
I.	<u>Noise</u>
	Will the project generate a significant increase in noise? Yes: No:
J.	<u>Light</u>
	Will artificial light be used in the project? Yes: No:
	If so, will it be directed toward adjacent properties or streets? Yes: No:
SYSTE	MS IMPACT ASSESSMENT
A.	Water System Capacity
	Estimate water demand for the project for the project in gallons per day:gal/day
	Will water be supplied by the Town of Walpole or by private wells?
	Town of Walpole: Private Wells:
	Have flow tests been conducted on water mains that will serve the project?
	Yes: No:
	If so, give summary of results:

V.

	В.	Sewer System Capacity
		Estimate, in gallons per day, the amount of sewage to be generated by this project.
		gal/day
		Will the project be serviced by the Town of Walpole sewer or managed on site?
		Town of Walpole: Managed On Site:
	C.	Solid Waste
		Will the project generate a significant amount of solid waste? Yes: No:
		How will the disposal of this waste be managed?
VI.	FISCA	L IMPACT ASSESSMENT
	A.	Projected Costs
		Estimate projected costs to the Town of Walpole for municipal services related to the project (police, fire, public health, cultural/recreational, general government) for all years of construction and/or phasing, as well as for a five-year period thereafter.
		Estimate projected costs to the Town of Walpole for educational services related to the project for all years of construction and/or phasing, as well as for a five-year period thereafter.
	B.	Projected Revenues
		Estimate projected property tax revenues generated by this project for all years of construction and/or phasing, as well as for a five-year period thereafter.
		List other sources of revenue that may be generated by this project.
	C.	Property Values
		Will this project positively or adversely affect adjacent property values? Explain.

## VII. COMMUNITY IMPACT ASSESSMENT

	A.	Historical/Archaeological
		Will any site or structure of historic significance be affected by this project?
		Will any archaeological site be affected by this project?
	B.	Neighborhood Character/Aesthetics
		Will the architectural, landscape, and urban design scheme fit into existing neighborhood character?
		Will the project be creating any new open space/recreation areas?
		Will the project affect any woodlands or agricultural lands?
VIII.	MAST	ER PLAN/REGIONAL PLAN CONSISTENCY
		Will the project have any significant affect on the implementation of any existing Master Plan or Regional Plan affecting the Town of Walpole? (Explain. Attach Separate Pages As Needed)

Date:	Seal:
Engineer's Signature:	_
Address:	_
Telephone Number:	-
****************	*******
Print Name of Owner:	
Signature of Owner:	
Address:	
Telephone Number:	
****************	*******
Print Name of Applicant:	
Signature of Applicant:	
Address (if different):	
Telephone Number (if different):	