

# PROJECT REVIEW TRANSMITTAL



## BEDFORD PUBLIC WORKS

24 North Amherst Road  
Bedford, NH 03110  
Tel No.: (603) 472-3070  
Fax No.: (603) 472-4572

<i>Public Works Office Use:</i>	PW File Number: _____
	Date Received: ____/____/____

**This Project Review Transmittal does not constitute a completed application under RSA 676:4 sufficient to invoke jurisdiction to obtain approval.**

- PROJECT TYPE:            *Subdivision*            *Site Plan*
- PROJECT STATUS:        *Preliminary*  
                                  *Revised/Supplemental - Public Works File Number* \_\_\_\_\_
- SUBMISSION CONTENT (*check all that apply*):  
 *Road/Survey Plan(s)*     Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_     Latest Revision date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 *Drainage Report*         Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_     Latest Revision date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 *Traffic Report*           Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_     Latest Revision date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 *Other* \_\_\_\_\_
- Project Location:   Tax Map/Block/Lot No.: \_\_\_\_\_     Zoning District: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name of Project/Development: \_\_\_\_\_
- Owner's Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_     Town: \_\_\_\_\_     State: \_\_\_\_\_     Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_     Fax: \_\_\_\_\_     E-Mail Address: \_\_\_\_\_
- Developer Name (If different from Owner): \_\_\_\_\_  
Address: \_\_\_\_\_     Town: \_\_\_\_\_     State: \_\_\_\_\_     Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_     Fax: \_\_\_\_\_     E-Mail Address: \_\_\_\_\_
- Surveyor/Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_     Town: \_\_\_\_\_     State: \_\_\_\_\_     Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_     Fax: \_\_\_\_\_     E-Mail Address: \_\_\_\_\_
- Specify Primary Contact for Project:    Owner            Developer            Engineer
- Certification: *I understand that this submittal may require review by the Town's Consulting Engineer(s). By signing below, I hereby acknowledge that I will reimburse the Town of Bedford for all consultant review costs associated with this submission:*

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)