

Date Plans Submitted to Planning Board: \_\_\_\_\_

Town Clerk Stamp



**Town of Lakeville**  
PLANNING BOARD  
346 Bedford Street  
Lakeville, MA 02347  
508-946-8803

## SITE PLAN REVIEW RECEIPT FORM

SITE PLAN NAME: \_\_\_\_\_

SITE PLAN ADDRESS: \_\_\_\_\_

PLAN SUBMITTAL

CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

The undersigned hereby certify receiving a copy of the above specified Site Plan(s) for their

Department / Board review and comment to the Planning Board within

Ten (10) days of receipt: \_\_\_\_\_

↑ Write the date comments are due back to the Planning Board here ↑

These plans will be presented to the Planning Board on \_\_\_\_\_

| DEPARTMENT / BOARD         | SIGNATURE/RECEIVED BY | DATE RECEIVED |
|----------------------------|-----------------------|---------------|
| 1. Board of Health         |                       |               |
| 2. Board of Selectmen      |                       |               |
| 3. Building Department     |                       |               |
| 4. Conservation Commission |                       |               |
| 5. Fire Chief              |                       |               |
| 6. Highway Surveyor        |                       |               |
| 7. Open Space Committee    |                       |               |
| 8. Police Chief            |                       |               |