

**TOWN OF HANSON PLANNING BOARD
DETERMINATION OF ADEQUATE ACCESS CHECKLIST**

Applicant Name: _____

Location: _____

CHECKLIST: (Check if completed)

Completed	#	ACTIONS
	1.	I have completed the Adequate Access Application.
	2.	I have included a locus map with my Adequate Access Application which shows adjacent ways and is sufficient to locate the way and parcel.
	3.	I have included eight (8) copies of the plan with my Adequate Access Application
	4.	I have submitted copies of the application and plans electronically. (PDF OR CAD ONLY)
	5.	I understand that upon receipt of a completed request for an Adequate Access Determination, the Planning Board will schedule the request for its next available meeting.
	6.	I have read and understand the Review Standards set forth in the Adequate Access Determination Request Set forth under Section XII of the Town of Hanson Zoning By Law.
	7.	I understand that the outcome of my request may result in either a Positive Determination or Negative Determination.
	8.	I understand that in the case that my request results in a Negative Determination, my next steps would be to complete an Improvements to Private Ways application.
	9.	Is the plan stamped (Wet Stamp) by a Massachusetts Registered Professional Engineer and/or Land Surveyor.
	10.	I have submitted a check for \$150.00 made payable to the TOWN OF HANSON.

Applicant Signature

Print Name