

<p>225 CMR 29.00</p> <p>Consolidated Local Permit Completeness Review Checklist</p> <p>Small Clean Energy Infrastructure Facility</p> <p>Submission Date:</p> <p>Municipality:</p> <p>DOER Region:</p> <p>Local Government Representative Name:</p>	<p>Area for Clerk Stamp</p>
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I. Application Type

Project Name			
Project Type	<input type="checkbox"/> New Application	<input type="checkbox"/> Modification/ Amendment	
Application File Number Assigned by Local Government (if any)			
Is this the Initial Request for Completeness Review for the Application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this a Request for Completeness Review following a prior determination of Incompleteness due to an identified deficiency within the Application?	<input type="checkbox"/> Yes (Include prior review checklist specifying deficiency) Date of Issuance _____	<input type="checkbox"/> No	
Is this a Completeness Review in Response to a Request of Determination of Significant Change pursuant to 225 CMR 29.10(4)?	<input type="checkbox"/> Yes (Include prior review checklist with Completeness Determination) Date of Issuance _____	<input type="checkbox"/> No	

II. Applicant Information

Applicant	
Applicant Legal Name	
Mailing Address	
Phone Number	
Email Address	
Applicant's Representative	
Name of Applicant's Representative	
Mailing Address	
Phone Number	
Email Address	

III. Permit Fees

Permit Name _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Application Fee	Amount	Multiplier (if any)	Subtotal	Payable To	

<i>Total</i>				

Permit Name _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Application Fee	Amount	Multiplier (if any)	Subtotal	Payable To	
<i>Total</i>					

Permit Name _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Application Fee	Amount	Multiplier (if any)	Subtotal	Payable To	
<i>Total</i>					

Any Additional Permit Fees _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fee Description	Amount	Multiplier (if any)	Subtotal	Payable To	

IV. Documentation, Materials, and Disclosures

Item	Yes	No	N/A
Consolidated Local Permit Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Deed Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-filing Engagement Completion Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Suitability Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Minimization or Mitigation Measures (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Community Benefit Plans (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor and Workforce Disclosures or a brief narrative explanation stating why such documentation or statement is unavailable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Local Permit _____			
Abutter Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Local Permit _____			
Abutter Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certified Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Local Permit _____			
Abutter Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Completeness Determination			
<input type="checkbox"/> The Application is Complete			
<input type="checkbox"/> The Application is Incomplete due to the following deficiencies:			
1.			
2.			
3.			
4.			
Signature of Local Government Representative		Date	