



# TOWN OF ROCKLAND

**Planning Board**  
Town Hall  
242 Union Street  
Rockland, MA 02370

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**FORM H**  
**AGREEMENT TO TERMS OF PAYMENT FOR PROFESSIONAL ASSISTANCE**  
**TO THE TOWN OF ROCKLAND PLANNING BOARD**

The Rockland Planning Board has the right to engage professional assistance, as required, in the review of any and all plans submitted for their consideration. Said assistance may be in the form of an individual or firm with expertise in the subject area with which the Board requires assistance. The applicant shall pay all the costs of professional assistance on behalf of the Board.

The firm(s) or individual(s) providing assistance to the Board will furnish the Board with bills detailing services rendered on the applicant's project. The Town of Rockland will pay the consultant's fees with funds deposited by the applicant in a review security account in accordance with Section II, A.2. The applicant agrees to properly maintain the review security account and make required deposits within thirty (30) days. The applicant understands that failure to do so is a breach of the Rules and Regulations governing the Subdivision of Land in the Town of Rockland and grounds for disapproval of a Preliminary or Definitive Subdivision Plan.

Under no circumstances will an applicant make a direct payment to the Board's selected consultant or will the Board's selected consultant make a direct billing to the applicant. All correspondence regarding review and/or inspection services on behalf of the Board must be routed through the Planning Board.

\_\_\_\_\_, as an applicant before  
the Rockland Planning Board and proponent for the project known as \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ Street/Road  
have read the above agreement

and understand its meaning and intent. I/We also understand that signed plans will not be released by the Planning Board until final payment for services rendered has been made. By signing below, I/we agree to the terms described in this document.

Signature(s) of Applicant(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_