

TOWN OF SOUTHBOROUGH, MASSACHUSETTS

FORM B

Application For Approval of A Preliminary Subdivision Plan

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Property Owner (if different): \_\_\_\_\_

Address of Property Owner (if different): \_\_\_\_\_

Name of Engineer: \_\_\_\_\_

Address of Engineer: \_\_\_\_\_

The undersigned, being the owner of all land included within the proposed subdivision shown on the plan entitled: \_\_\_\_\_

dated \_\_\_\_\_ and comprising \_\_\_\_\_ sheets, hereby submits this application and ten (10) white prints of the plans, including all information required by the "Rules and Regulations Governing the Subdivision of land in Southborough, Massachusetts", and prepared according to said Rules and Regulations together with a filing and processing fee in the amount of \$ \_\_\_\_\_, and requests approval of said PRELIMINARY plan.

The land included within the proposed subdivision is bounded and described as follows, and the title hereto is derived from \_\_\_\_\_ by deed dated \_\_\_\_\_ and recorded in the Worcester Registry of Deeds, Book \_\_\_\_\_, Page \_\_\_\_\_.

Boundary Description (including Southborough Assessors Map & Parcel Number):  
\_\_\_\_\_  
\_\_\_\_\_

(All owners, authorized officers of a corporation or all trustees must sign):

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

A copy of the complete Preliminary Plan and Application must be submitted simultaneously to the Southborough Board of Health, and a copy of the application with a notice of Preliminary Plan submittal to the Planning Board is to be filed in the office of the Southborough Town Clerk.

Received: \_\_\_\_\_ 20\_\_\_\_ Southborough Board of Health

by: \_\_\_\_\_