



**Town of Westport**  
**Planning Board**  
**856 Main Road**  
**Westport, MA 02790**

www.westport-ma.gov  
planning@westport-ma.gov

Tel: (508) 636-1037  
Fax: (508) 636-1031

**FORM E**

Application No. \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR MODIFICATION OR RESCISSION OF DEFINITIVE PLAN**

To the Planning Board in the Town of Westport:

The undersigned authorized applicant(s) or owner(s) of all the land shown on the accompanying approved Definitive Subdivision plan located and described as follows:

Subdivision Name and Plan Title: \_\_\_\_\_

Plan Date: \_\_\_\_\_ Revised Through: \_\_\_\_\_

Date of Planning Board Approval: \_\_\_\_\_

Assessor's Map and Parcel Number(s): \_\_\_\_\_

Zoning: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

Drawn By: \_\_\_\_\_

hereby submits this Application for a Modification \_\_\_\_\_ or Rescission \_\_\_\_\_ (*check one*) of an Approved Definitive Subdivision Plan.

The Modification is described as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a proposed Modification will result in changes to the Definitive Plan, the plan submission requirements for a Definitive Plan shall be followed.

List all lots which have been conveyed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\*Attach a list of lot owners and their addresses.

\*\*Attach a list of all abutters and their addresses as they appear on the most recent tax list.

List all mortgage holders of the land: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission of the owners affected by any change to the subdivision plan and of the mortgage holders must be obtained.

To the best of my knowledge the information submitted herewith is complete and accurate.

Signature of Owner	Address	Telephone
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Signature of Owner	Address	Telephone
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Signature of Authorized Applicant	Address	Telephone
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Applicant's Authorization: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Mortgage Holder

\_\_\_\_\_  
Address of Mortgage Holder

\_\_\_\_\_  
Authorized Signature of Mortgage Holder

\_\_\_\_\_  
Address of Mortgage Holder

**Received by Town Clerk:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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A copy of the PLAN entitled \_\_\_\_\_ dated \_\_\_\_\_ for  
\_\_\_\_\_ was received by the Westport Board of Health:

Date \_\_\_\_\_

Time \_\_\_\_\_

Signature \_\_\_\_\_

Application No. \_\_\_\_\_

01/17

*Please note: All information should be typed, or printed legibly, not handwritten.*

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Fees Submitted:

Advertising Fee _____	Please make check payable to “The Chronicle”
Abutters Mailing fee _____	Please make check payable to “USPS”
Engineer Review fee _____	Please make check payable to “Town of Westport”, if not waived by Board.

Application No. \_\_\_\_\_