

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

www.westport-ma.com planning@westport-ma.gov Tel: (508) 636-1037 Fax: (508) 636-1031

Form **B** 

Application No.

## No. \_\_\_\_\_ Date\_\_\_\_ APPLICATION FOR APPROVAL OF A PRELIMINARY PLAN

To the Planning Board of the Town of Westport, Massachusetts:

The undersigned, being the applicant as defined under M.G.L., Chapter 41, Section 81-L, for approval of a proposed subdivision shown on plan entitled: \_\_\_\_\_

by \_\_\_\_\_\_ and described as follows: located: \_\_\_\_\_\_, number of lots proposed \_\_\_\_\_\_, total acreage of tract \_\_\_\_\_\_, hereby submits said plan as a PRELIMIARY subdivision plan in accordance with the Rules and Regulations of the Town of Westport Planning Board and makes application to the Board for approval of said plan.

The undersigned's title to said land is derived from

, by deed dated	and
recorded in the Bristol County Southern District Registry of Deeds in Book, Page _	,
registered in the Bristol County Southern District Registry of Land Court, Certificate of	
Title No.	

Received by Town Clerk Westport, Massachusetts	Applicant's signature   Applicant's Printed Name   Applicant's address
Date	
	Applicant's phone #
Time	Applicant's e-mail
	Owner's signature and address if not the applicant
Signature	or the applicant's authorization if not the owner.

Checklist of items to be submitted with application as required by Westport Planning Board Rules and Regulations:

- 1. Application Fee
- 2. Form D.

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

## FORM B

## PAGE TWO

A copy of the PLAN entitled	dated	
	was received by the Westport Board of Health	
Date		
Time	-	
Signature		

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

*01/17*