



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

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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

Signature of Owner Address Telephone

Signature of Authorized Applicant Address Telephone

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~~ **Shorelines**"

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.

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