

FORM B
APPLICATION FOR DEFINITIVE SUBDIVISION
PLAN APPROVAL

File one completed form with the Planning Board, one with the Board of Health, and the original with the Town Clerk in accordance with the requirements of Section V.A. (Consult Section V.A)

To the Planning Board:

_____ date

The undersigned, herewith submits the accompanying Definitive Plan of the property located in the Town of West Boylston for approval as a subdivision under the requirements of the Subdivision Control Law and the Planning Board's Rules and Regulations governing the subdivision of land in the town of West Boylston. The Plan printed on mylar transparency sheets and 8 contact prints are enclosed herewith.

1. Name of Applicant _____
Address _____
2. Name of Engineer or Surveyor _____
Address _____
3. Deed of Property recorded in _____ Registry at
Book _____ Page _____
4. Assessor's sheet number _____, parcel number _____
5. Location and Description of Property:

6. Applicant's social security number, or, if the applicant is not an individual, its federal identification number: _____

If a bond or security is filed, the construction of ways and installation of municipal services will be completed within _____
(not to exceed 2 years).

Signatures of All Owners of Record _____

Address _____

A list of names and addresses of the abutters of this subdivision is attached. These names are as they appear on the most recent tax list.

Date Received by Planning Board _____