

FORM B

APPLICATION FOR APPROVAL
OF PRELIMINARY PLAN

File properly completed and executed forms, plans, fees etc. with the Planning Board, Board of Health, Police Chief, Fire Chief, Public Works Superintendent, Stoughton Post Office, abutting Towns (if applicable) and the Town Clerk in accordance with the requirements of Sections III, IV and V of these regulations.

Stoughton, Mass. _____, _____

To the Planning Board:

The undersigned herewith submits the accompanying Preliminary Plan of property located in the Town of Stoughton for approval as a subdivision in accordance with the Subdivision Control Law and the Town of Stoughton Land Subdivision Regulations.

1. Name of
Owner _____

Address _____

Phone # _____ Fax # _____

2. Name of
Applicant _____

Address _____

Phone # _____ Fax # _____

3. Name of
Engineer _____

Address _____

Phone # _____ Fax # _____

4. Name of
Surveyor_____

Address_____

Phone #_____Fax #_____

5. Deed or Property recorded in_____Registry,
Book _____Page_____

6. Location and Description of Property:

Signature of Owner_____

Address_____