

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 _____