



TOWNSEND PLANNING BOARD
FORM PRELIM – 1
APPLICATION FOR APPROVAL OF A PRELIMINARY PLAN OF A SUBDIVISION

Date: _____

The undersigned applicant, being the owner (or agent / representative of the owner) of all the land included within the proposed subdivision shown on the plan does hereby submit an application for approval of a **Preliminary Plan Subdivision entitled:** _____

1. Number of currently existing properties affected by this plan: _____

If more than one, the following information must be provided for each such parcel. Use a separate page for each.

2. Address of property _____

3. Assessors Map # _____ Block # _____ Lot # _____

4. Deed as recorded: Book # _____ Page # _____

5. Size of parcel, in acres: _____

6. Owner of record:

Name: _____

Company: _____

Owner's Street Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Fax _____

7. Is the Owner: (check exactly one):

a. An individual? _____

b. One or more individuals holding the property in some form of joint tenancy? _____
(if so, then all owners must sign)

c. A trust, partnership, or corporation? _____

(if so, a copy of the trust/partnership/articles of corporation demonstrating signatory authority is required)

d. Other? _____ Specify: _____

(if so, adequate documentation is required to show that all owners have legally agreed to this application)

Attach additional sheets if a co-owner is at a different address, or if the contact person for a partnership/trust/corporation is at a different address.

8. Applicant's name and address: (if same as owner, write "same")

Name: _____

Company: _____

Owner's Street Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Fax _____

If the applicant is not the owner, a Power of Attorney or similar document signed by all owners must be included.

9. Engineering Firm:

Name: _____
 Street Address: _____
 City/Town: _____ State: _____ Zip: _____
 Phone: Day _____ Evening _____ Fax _____
 Lead Engineer on this Project: _____

10. Attorney or Legal Representative

Name: _____
 Firm Name: _____
 Street Address: _____
 City/Town: _____ State: _____ Zip: _____
 Phone: Day _____ Evening _____ Fax _____

11. Zoning District(s): _____

12. Proposed number of new lots: _____

13. Proposed total length of road: _____

14. Are there any wetlands on the property? _____

15. Are there any adjacent properties that may be large enough to be subdivided in the future? _____

16. Describe the drainage system briefly, in general terms: _____

17. The fee for a Preliminary Subdivision application is \$700 plus \$100 per lot. Make check payable to "Town of Townsend."

18. In addition, the Board requires an initial consulting fee of \$2,500 payable to "Town of Townsend." Any unused balance will be applied to the definitive plan submission, or returned upon written request.

This application must be signed by all owners and applicants. If the property is owned jointly, all owners must sign. If the ownership or applicant is an entity such as a partnership, trust, or corporation, certified documentation demonstrating signatory authority is required. Attach additional sheets, if necessary.

- ☐ I/we hereby certify that the information provided herein is true and correct based on all information available to me;
- ☐ I/we understand that the Planning Board may require additional information and additional consulting fees associated with processing this application;
- ☐ Any errors in the information provided or presented by me or my representatives may be cause for denial or revocation of a favorable decision;
- ☐ I/we may be represented by counsel or engineer at my/our expense. A written power of attorney or similar document must be provided.
- ☐ I/we am/are responsible for all other applications, permits and approvals that may be required by law.

Please photocopy this page if needed for notarizing additional signatures

Date: _____

Owner(s): (1) _____	(2) _____
(Print Name)	(Print Name)
_____	_____
(Signature)	(Signature)

Date: _____

Applicant(s): (1) _____	(2) _____
(Print Name)	(Print Name)
_____	_____
(Signature)	(Signature)

Date: _____

Engineer(s): _____	
(Print Name)	

(Signature)	(Surveyor's Stamp)

NOTARY STATEMENT:

COMMONWEALTH OF MASSACHUSETTS

_____ **County**

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identification, which were _____, to be the person(s) whose name(s) is (are) signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose, in my presence.

Notary Public Signature

Notary Stamp

My Commission Expires