

SUBDIVISION OF LAND

231 Attachment 3

Town of Westminister

Form A

Application for Endorsement of Plan Believed Not To Require Approval

Two (2) copies of this form, filled out and signed, should be included with the original and four (4) copies of the plan in question. (Please type or print information in blanks below.)

Westminister, Massachusetts \_\_\_\_\_, 20\_\_\*
(Date of Filing)

The undersigned, believing that the accompanying plan of his property in the Town of Westminister does not constitute a subdivision within the meaning of the Subdivision Control Law, herewith submits said plan for a determination and endorsement that Planning Board approval under the Subdivision Control Law is not required.

Name of Applicant: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name of Surveyor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Deed of property recorded in \_\_\_\_\_ Registry.

Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

Location and Description of Property: \_\_\_ Map \_\_\_ Group \_\_\_ Parcel \_\_\_\_\_

Property Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

List any Board of Appeals decisions pertaining to this site: \_\_\_\_\_

Reason plan does not constitute a subdivision: \_\_\_\_\_

No. of lots proposed \_\_\_\_\_ Acreage: \_\_\_\_\_

Signature of owner: \_\_\_\_\_

(All applications shall be signed by the owner of the property or if the applicant is represented by an agent, written evidence shall be submitted with the application accompanying the plan that the agent has the authority to submit such application for each owner involved. If the applicant is a corporation, it shall submit with the application a list of its officers, and a duly authenticated certificate of vote authorizing said officers to file the application and plan, and to represent the corporation in all further proceedings incident thereto.)

\*The date entered above shall be the date of the Planning Board meeting at which the Plan is submitted.

Fee Received By: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: All ANR Plans shall be accompanied by a filing fee as determined by the most recent Planning Board Fee Schedule.