



TOWN OF SEEKONK

FORM **G**

____ PLANNING BOARD

____ ZONING BOARD OF APPEALS

____ CONSERVATION

CERTIFIED LIST OF ABUTTERS

**OWNER
NAME &
ADDRESS:**

BOOK and PAGE NO:

PRESENT ZONING:

**PETITIONER
NAME &
ADDRESS:
PHONE #**

PHONE NUMBER:

PRESENTED BY:

**LOCATION (FROM ASSESSORS OFFICE)
PLAT NOS.
LOT NOS.**

**FILE:
TITLE:**

DATE OF THIS DOCUMENT:

To the Planning Board/Zoning Board of Appeals of the Town of Seekonk, Massachusetts:

Planning Board:

The undersigned, being an applicant for approval of Definitive Plan of a proposed subdivision entitled _____ Plat and Lot nos. _____ or,

Zoning Board of Appeals:

The undersigned, being an applicant for a zoning hearing, Case Number _____

submits the following drawing of the land to be considered, listing the names of the adjoining owners in their relative positions and indicating the address of each abutter on the drawing or in a separate list, including owners of land separated from the said land only by a street. Said drawing is at a scale of 1"=40' and lists all abutters within 300' including across the streets and bodies of water.

Signature of Applicant

Address

Date

This is to certify that at the time of the last assessment for taxation made by the Town of Seekonk, the names and addresses of the parties assessed as adjoining owners to the parcel of land shown above were as written, except as follows:

Assessor