



TOWN OF SEEKONK

FORM **B**

PLANNING BOARD

100 PECK STREET, SEEKONK, MA 02771

1-508-336-2961

APPLICATION FOR APPROVAL OF PRELIMINARY PLAN

Date: _____

Applicant Name _____ Phone _____
No. _____

Applicant Address _____

Address of Subject Property _____

Subject Property Plat No. _____ Subject Property Lot No. _____ Present Zoning _____

1. Deed of property recorded in Bristol County Registry, Book _____ Page _____

2. Name of Engineer or Surveyor _____ Mass Lic. No. _____

Address _____

3. Location and Legal Description of Property (Include Public and Private Ways Bounding Property)

Checklist Form B:

- Application Form (2 x)
Please note: both copies must be originals, 1 copy for Planning, 1 copy for Town Clerk in accordance with the requirements of §4.1 and §4.2.1 of the Planning Board regulations.
- Application fee \$300 per plan ck# _____ (Payable to the Town of Seekonk)
- Certificate of Good Standing, completed and signed by Tax Collector
- Plans received (8) prints, (1) 11+X 17+, (see sec 4.1 and 4.2 of rules & regulations) and (3) upon approval.

To the Planning Board:

The undersigned herewith submits the accompanying the Plan of Property located in the Town of Seekonk for approval as a subdivision under the requirements of the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land in the Town of Seekonk.

Received by Planning Board or Town Clerk:

Date: _____
Applicant _____

Signature of

Time: _____

Address of Applicant _____

Signature: _____

Signature of Owner or Notarized letter (if applicable)

Address of Owner _____

***Please use blue pen to sign**