



**FORM B**

*TOWN OF PHILLIPSTON, MA PLANNING BOARD*

Page 1 of 3

**APPLICATION FOR APPROVAL OF  
PRELIMINARY SUBDIVISION PLAN**

**Instructions:** See Part III.B. of the Rules and Regulations  
Governing the Subdivision of Land in Phillipston

Date \_\_\_\_\_

**To the Planning Board and the Board of Health:**

The undersigned herewith submits the accompanying Preliminary Plan of a subdivision of property located in the Town of Phillipston for study, discussion, and approval under the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land in Phillipston.

1. Name of Subdivider \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. **Name of Owner of Land** \_\_\_\_\_  
**(if not subdivider)**  
**Address** \_\_\_\_\_  
  
**Telephone** \_\_\_\_\_

3. **Name of**  
**Surveyor** \_\_\_\_\_  
  
**Address** \_\_\_\_\_  
  
**Telephone** \_\_\_\_\_

**4. Deed(s) of property recorded in the Worcester County Registry of Deeds:**

**Deed Book** \_\_\_\_\_ **Page** \_\_\_\_\_

**Deed Book** \_\_\_\_\_ **Page** \_\_\_\_\_

**Deed Book** \_\_\_\_\_ **Page** \_\_\_\_\_

**File Reference** \_\_\_\_\_

**5. Location and description of property by reference to the Town Atlas/Tax Map:**

Map \_\_\_\_\_ Parcel \_\_\_\_\_; Map \_\_\_\_\_ Parcel \_\_\_\_\_

Map \_\_\_\_\_ Parcel \_\_\_\_\_; Map \_\_\_\_\_ Parcel \_\_\_\_\_

\_\_\_\_\_

**Signature of Owner**

**See next page for Planning Board Action**

FOR PLANNING BOARD USE ONLY

1. Application, twelve (12) prints (three colored), filing fee, twelve (12) copies of draft DIS, and reproducible received \_\_\_\_\_(Date)
2. Acknowledgment of receipt by Town Clerk \_\_\_\_\_(Date)
3. Reviews made by Town officers or consultants: (comments attached)  
Board of Health \_\_\_\_\_(Date)  
  
Highway Department \_\_\_\_\_(Date)  
  
Fire Department \_\_\_\_\_(Date)  
  
Conservation Commission \_\_\_\_\_(Date)  
  
Engineering Consultant \_\_\_\_\_(Date)  
  
Other \_\_\_\_\_(Date)  
  
Other \_\_\_\_\_(Date)
4. Planning Board action (see meeting minutes) \_\_\_\_\_(Date)  
  
Approved \_\_\_\_\_ Modified and approved \_\_\_\_\_ Disapproved \_\_\_\_\_
5. Reproducible returned to applicant \_\_\_\_\_(Date)

**FOR BOARD OF HEALTH USE ONLY**

1. **Application and one print received \_\_\_\_\_(Date)**

**Form K issued \_\_\_\_\_(Date)**

2. **Board of Health action (see meeting minutes) \_\_\_\_\_(Date)**

**Approved \_\_\_\_\_ Modified and approved \_\_\_\_\_ Disapproved \_\_\_\_\_**

3. **Action and comments relayed to Planning Board \_\_\_\_\_(Date)**

**Phillipston Planning Board**

**Form B Revised**