THE COMMONWEALTH OF MASSACHUSETTS
TOWN of HOLDEN

FORM B
APPLICATION FOR APPROVAL OF PRELIMINARY PLAN

File on completed form with the Planning Board and one copy with the Town Clerk in accordance with the requirements of Section III-B.

NO._____ DATE:_____

To the Planning Board:

The undersigned herewith submits the accompanying Preliminary Plan of property located in the Town of Holden for approval as a subdivision as allowed under the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land of the Planning Board in the Town of Holden.

1. Name of Subdivider_____

   Address:_____

   Tel. #_____

2. Name of Engineer/Surveyor_____

   Address:_____

   Tel. #:_____

3. Deed of property recorded in_____Registry,

   Book_____ Page_____.

4. Location and Description of Property:

_____

_____

_____

Signature of owner_____

Address_____

A list of the names and addresses of the abutters of this subdivision is attached. Verification will be made by the Planning Board.