



BELLINGHAM PLANNING BOARD

10 MECHANIC STREET
BELLINGHAM, MASSACHUSETTS 02019
(508) 657-2892; FAX (508) 966-2317
PlanningBoard@bellinghamma.org

CERTIFICATE OF OWNERSHIP

I, the undersigned Applicant, do hereby certify to the Town of Bellingham, through its Planning Board, that all parties of interest to the below-listed plan are identified in Section B below.

Section A:

Title of Plan: _____

Date of Plan: _____

Assessor's Information _____

Prepared by: _____

Type of Plan: Preliminary Subdivision Definitive Subdivision Development Plan

Special Permit

Section B:

Name of Record Owner(s): _____

Address of Record Owner(s): _____

Name of Record Owner(s): _____

Address of Record Owner(s): _____

If in the name of a Trust, Corporation or Partnership, list the names and addresses of all Trustee(s), Corporate Officer(s) or Partner(s):

Name: _____

Address: _____

Address: _____

Name: _____

Address: _____

If in the name of a Trust or Corporation list beneficiary(ies) of the Trust or the Shareholder(s) of the Corporation:

Beneficiary(ies) _____

Shareholder(s) _____

