



BELLINGHAM PLANNING BOARD

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

FORM B APPLICATION FOR APPROVAL OF A PRELIMINARY PLAN

File one completed form with the Planning Board, one copy with the Board of Health and a notice of submission with the Town Clerk.

Date Submitted: _____

Date of Planning Board meeting: _____

To the Planning Board of Bellingham:

The undersigned herewith submits the accompanying Preliminary Plan of a subdivision entitled _____ for approval under the provisions of the Subdivision Control Law and your Rules and Regulations covering the Subdivision of Land.

1. Name of Applicant: _____ Email: _____
Address: _____ Phone: _____
2. Name of Owner (if not applicant): _____ Email: _____
Address: _____ Phone: _____
3. Name of Engineer: _____ Email: _____
Address: _____ Phone: _____
4. Deed of property recorded in Norfolk Registry, Book _____, Page _____
Title of property registered in the Norfolk Registry of the Land Court, Certificate of Title No. _____

5. Location and Description of Property: _____

6. Number of lots on the plan: _____

Signature of all Applicants: _____

Signature of all Owners (if not Applicant): _____