



## ***Town of Marshfield***

870 Moraine Street  
Marshfield, Massachusetts 02050-3498

Planning Board

*Tel:* 781-834-5554

*Fax:* 781-837-7163

### **FORM B**

#### **APPLICATION FOR A PRELIMINARY SUBDIVISION PLAN**

Please submit one completed form with the Planning Board and one copy with the Town Clerk in accordance with the requirements of Section 3.2 of the Rules and Regulations of the Marshfield Planning Board.

The undersigned, herewith, submits the accompanying Preliminary Plan of property located in the Town of Marshfield for approval of a Preliminary Subdivision Plan as allowed under the Subdivision Control Law, MGL Ch 41, Section 81S and the Rules and Regulations of the Marshfield Planning Board.

Plan Entitled \_\_\_\_\_ (Subdivision Name)

Proposed Street Name \_\_\_\_\_

Proposed Number of Lots \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name of Engineer or Surveyor \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_

3. Deed of property recorded in \_\_\_\_\_ Registry,

Book \_\_\_\_\_ Page \_\_\_\_\_

4. Assessor's Map: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

5. Street Address of Property: \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Owner's Address \_\_\_\_\_

Date \_\_\_\_\_