



TOWN OF ATHOL

OFFICE OF PLANNING & DEVELOPMENT

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ATHOL, MA 01331

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FORM B – APPLICATION FOR APPROVAL OF PRELIMINARY SUBDIVISION PLAN

RECEIVED: TOWN OF ATHOL TOWN CLERK DATE STAMP:

To the Board of Planning and Community Development:

The undersigned, being an applicant under Chapter 41, 81-S, MGL, for approval of a proposed subdivision plan, hereby submits a Preliminary Plan and makes application for approval to the Athol Board of Planning & Community Development.

1. Name of Applicant_____

Applicant Address_____

Applicant Phone Number and Email_____

Signature of Applicant_____

2. Name of Owner_____

Owner Address:_____

Owner Phone Number and Email_____

Signature of Owner_____

3. Name of Subdivision_____

4. Location and Description of Property (include Assessor's Map & Lot and Zoning District(s):

5. Address of Property Being Affected:_____

Zoning District:_____

Assessors Map#_____ Assessors Lot #_____

6. Deed Reference: Book _____, Page _____, and

Certificate of Title No. _____

7. Easements and Restrictions of Record (Describe and Include Deed References)

8. Name of Surveyor/Engineer:_____

Surveyor/Engineer Address_____

Surveyor/Engineer Phone Number & Email_____

Surveyor/Engineer Registration Number:_____

9. Name of Architect:_____

Architect Address_____

Architect Phone Number & Email_____

Architect Registration Number:_____

Signature of Town Official receiving this application:_____