



FORM B  
APPLICATION FOR APPROVAL  
OF A  
PRELIMINARY PLAN<sup>++</sup>



The undersigned, being the applicant as defined under Chapter 41, Section 81L, for approval of a proposed subdivision shown on a plan entitled: \_\_\_\_\_

prepared by: \_\_\_\_\_

dated: \_\_\_\_\_, and described as follows: located \_\_\_\_\_, Assessor's Map \_\_\_\_\_, Lot \_\_\_\_\_, land is zoned \_\_\_\_\_, number of lots proposed \_\_\_\_\_ total acreage of tract \_\_\_\_\_, said applicant hereby submits said plan as a PRELIMINARY subdivision plan in accordance with the Rules and Regulations of the Chatham Planning Board and makes application to the Board for approval of said plan.

The undersigned's title to said land is derived from \_\_\_\_\_ by deed dated \_\_\_\_\_ and recorded in the Barnstable County Registry of Deeds Book \_\_\_\_\_ Page \_\_\_\_\_, registered in the Barnstable County Registry of the Land Court, Certificate of Title No. \_\_\_\_\_.

Received by Town Clerk:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_  
Applicants Address: \_\_\_\_\_  
Applicant's Phone: \_\_\_\_\_

Received by Board of Health:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Signature: \_\_\_\_\_

Owner's signature and address if not the applicant or applicant's authorization if not the owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***++ Any alterations to this application will constitute an incomplete filing; Incomplete applications will not be accepted***

