



# Town of Fairhaven Planning Board

Town Hall

40 Center Street Fairhaven, MA 02719

508-979-4082

## INSTRUCTIONS TO BE FOLLOWED WHEN PETITIONING THE PLANNING BOARD

### FORM B

### PRELIMINARY SUBDIVISION PLAN

1. Form B application, filed with the Town Clerk and the Planning Board.
2. If applicant is not the property owner then the owner shall sign the application or a letter from the property owner authorizing the applicant to submit the application.
3. A detailed narrative describing how and why the proposal meets the criteria for a Subdivision.
4. Ten prints of the proposed plan.
5. FEES: *see Fee Schedule.*
6. The Planning Board will begin its discussion of the Preliminary Plan submittal at its next regularly scheduled Planning Board Meeting, which shall be the date of submission to the Planning Board.
7. The Planning Board, the Board of Health Fire Department, Police Department and the Board of Public Works will review the Preliminary Plan. You may discuss with them their suggestions for the definitive plan at this time.
8. The applicant may file one revised plan without incurring additional expense. Revisions 2+ shall incur a fee equal to the 50% of the original filing fee.
9. The Planning Board shall, within 45 days of submittal render a decision on the Preliminary Plan.



Town Clerks Stamp

**FAIRHAVEN PLANNING BOARD  
FORM B  
Application for  
Preliminary Subdivision Plan**

Fairhaven, Massachusetts

Date: \_\_\_\_\_, 20\_\_\_\_

The undersigned, herewith submits the accompanying Preliminary Plan of property located in the Town of Fairhaven for approval as a subdivision as allowed under the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land of the Planning Board in the Town of Fairhaven.

Name of Applicant(s): \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Name of Engineer/Surveyor: \_\_\_\_\_

Engineer/ Surveyor Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Deed of Property recorded in Bristol County (S.D.) Registry of Deeds. Book: \_\_\_\_\_ Page: \_\_\_\_\_

Location of Site: \_\_\_\_\_

Assessors' Plat(s): \_\_\_\_\_ Lot No(s): \_\_\_\_\_

Number of Proposed New Lots: \_\_\_\_\_

- Please attach a detailed narrative and any other documentation that supports your request.

Applicant Signature: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

**File one completed form with the Planning Board and one copy with the Town Clerk.**