



TOWN OF REHOBOTH

PLANNING BOARD

FORM B

APPLICATION FOR APPROVAL OF A PRELIMINARY SUBDIVISION PLAN

DATE: _____

In accordance with the rules and regulations of the Rehoboth Planning Board this application is being submitted for approval of a Preliminary Subdivision,

Plan Entitled: _____

Engineer/Surveyor: _____

Dated: _____ AP: _____ LOT(S): _____

Revised Date(s): _____

Parcel Description: _____

Location of Parcel: _____

Number of proposed lots: _____ Total acreage of parcel: _____

The title to this parcel is derived from _____

Dated _____ and recorded at the Bristol County Registry of Deeds

Book number _____ Page Number _____

Is this Property covered by Chapters 61 61A 61B

The applicant hereby acknowledges that approval of a PRELIMINARY SUBDIVISION or DEFINITIVE SUBDIVISION plan by the Rehoboth Planning Board under the Subdivision Control Law shall NOT be construed as requiring or authorizing the removal of Gravel or other earth materials from the land included in the subdivision plan.

File # _____
Owner _____
Street _____
FOR PLANNING BOARD USE
ONLY
DEADLINE DATE

ALL STATEMENTS AND INFORMATION ON THE PLAN WILL BE PROVIDED UNDER THE PAINS AND PENALTIES OF PERJURY

APPLICANT

OWNER

APPLICANTS ADDRESS

OWNERS ADDRESS

APPLICANTS HOME NUMBER

OWNERS HOME NUMBER

APPLICANTS CELL NUMER

OWNERS CELL NUMBER

APPLICANTS FAX NUMBER

OWNERS FAX NUMBER

APPLICANTS EMAIL ADDRESS

OWNERS EMAIL ADDRESS

APPLICANTS SIGNATURE

OWNERS SIGNATURE

ENGINEER/ SURVEYOR:

ENGINEER COMPANY/ SURVEYOR

CONTACT PERSON

ENGINEER PHONE NUMBER

ENGINEER FAX NUMBER

ENGINEER'S ADDRESS

ENGINEER'S ADDRESS

ENGINEERS EMAIL ADDRESS

RECEIVED BY THE REHOBOTH TOWN CLERK:

DATE RECEIVED

TIME RECEIVED

SIGNATURE OF THE TOWN CLERK

____ Completed checklist ____ 10 Prints of plan ____ 1 Print to Conservation

____ 1 Print to Board of Health ____ Evidence of ownership ____ Fee \$ _____

Check # _____

Cash _____

RECEIVED BY THE REHOBOTH BOARD OF HEALTH:

DATE RECEIVED

TIME RECEIVED

SIGNATURE OF THE BOARD OF HEALTH