



**TOWN OF DIGHTON**  
**PLANNING BOARD**  
**979 SOMERSET AVENUE**  
**DIGHTON, MA 02715**

**PETITIONER:**

NAME:

ADDRESS:

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LOCATION (from Assessors' Office)

PLAT AND

LOT NOS.

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PRESENT

First Record Date

ZONING

Planning Board Use Only

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DATE OF THIS

File:

DOCUMENT

Title:

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**FORM B**  
**APPLICATION FOR APPROVAL OF A PRELIMINARY PLAN**

File three (3) completed copies of this application. One (1) copy with the Planning Board, one (1) copy with the Town Clerk and one (1) copy with the Board of Health in accordance with the Rules and Regulations Governing Subdivisions.

To The Planning Board of the Town of Dighton:

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

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By \_\_\_\_\_ dated \_\_\_\_\_ and

described as follows: \_\_\_\_\_

located \_\_\_\_\_

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 Dighton 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 Bristol County Registry of Deeds at

Book \_\_\_\_\_, Page \_\_\_\_\_, registered in the Bristol County

Registry District of the Land Court, Certificate Title No \_\_\_\_\_.

Received by the Planning Board  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Payment Received: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

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

Checklist of items to be submitted with application.  
1.  Application Form (x3)  
2.  Application Fee (please refer to Fee Schedule)  
3.  Tax Status Application Form  
4.  Plans (3 Prints)  
5.  Form M Receipt for Subdivision Plan

Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
Applicant's Phone#: \_\_\_\_\_  
Applicant's Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

Owner's name, address and signature for  
authorization (if other than applicant)  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Owner's Phone#: \_\_\_\_\_  
Owner's Email: \_\_\_\_\_  
Signature: \_\_\_\_\_