



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

PETITIONER:
NAME:
ADDRESS:

LOCATION (from Assessors' Office)
PLAT AND
LOT NOS.

PRESENT
ZONING

First Record Date
Planning Board Use Only

DATE OF THIS
DOCUMENT

File:
Title:

FORM R
SUBDIVISION WAIVER REQUEST

Nature of Waiver: _____

Subdivision Rules and Regulation Reference: _____

Reason the waiver is requested: _____

Alternatives to granting the waiver: _____

Impact of waiver denial on the project: _____

Reasons this waiver is in the best interests of the town and consistent with the intent and purpose of the Subdivision Control Law: _____

Prepared by: _____ Date: _____

Subdivision: _____

Signed: _____