FORM B
APPLICATION FOR APPROVAL OF A PRELIMINARY SUBDIVISION PLAN

To: The Planning Board
   Town of Burlington, Massachusetts

Date: __________________________

The undersigned applicant being the owner, agent or representative of the owner of all the land included
within the proposed subdivision shown on the plan which is:

Entitled: ____________________________________________________________________________.

Prepared By: __________________________________________________________________________.

Dated: ________________________________________________________________________________, Located: ________________________________.

Shown on the Town’s Assessor’s Map(s): _______________ as Parcel(s): _______________.

Being land bounded as follows:

______________________________________________________________________________________

______________________________________________________________________________________.

Number of Lots Proposed: ___________________, Total Acreage of Tract: ___________________,

Hereby submits said plan as a Preliminary Subdivision Plan in accordance with the Rules & Regulations
of the Burlington Planning Board and makes application to the Board for approval of said plan.

The undersigned’s title to the land being subdivided is:

Derived from: _________________________________________________________________________,

By Deed Dated: _____________________, Recorded in the ________________________________

District Registry of Deeds, Book: ________________, Page: _______________. OR

Registered in the: _____________________________________________________Registry District of Land Court,

Certificate of Title No.: ____________________________________________
1. **Applicant**

   EMAIL: __________________________

   Name: ___________________________ Tel: ______________________

   Company: __________________________

   Mailing Address: __________________________

   Signature: __________________________

2. **Property Owner** (if same as applicant, write “same”) EMAIL: __________________________

   Name: ___________________________ Tel: ______________________

   Company: __________________________

   Mailing Address: __________________________

   Signature: __________________________

3. **Attorney or Legal Representative** EMAIL: __________________________

   Name: ___________________________ Tel: ______________________

   Company: __________________________

   Mailing Address: __________________________

4. **Engineer, Designer or Architect** EMAIL: __________________________

   Name: ___________________________ Tel: ______________________

   Company: __________________________

   Mailing Address: __________________________
**FILING INSTRUCTIONS**

It is recommended that you call 781-270-1645 prior to filing an application to arrange a submission appointment with the Senior Planner.

Upon completion of the application, file the following with the Planning Department:

- Completed original application and two copies *(all pages)*
- Original mylar or reproducible linen and twelve folded paper copies of the plan
- One set of submittal material and plans must also be in electronic pdf format
- A certified abutter’s list obtained from the Town Assessor’s Office. It is requested that a completed form “E” be attached.
- Application Fee (Check or Money Order made payable to The Town of Burlington)

The Planning Department will stamp the application and the copies “received” and issue a receipt for the fee. The original application, both copies and two copies of the plan will be returned to you for filing with the Board of Health (copy of application and plans) and the Town Clerk (copy of application).

The Board of Health will stamp the original application and both copies “received” and retain one copy of the application and the plans. The Town Clerk will then stamp the original application and one copy “received” retain the copy and return the original application to you which you will return to The Planning Department.

**Planning Department:** Application & Fee Received By (Stamp/Initial):

Amount:_________________ Receipt #:_______________________

**Town Clerk:**

Application Received By (Stamp/Initial):

**Board of Health:**

Application & Plans Received By (Stamp/Initial):