

SUBDIVISION APPLICATION APPROVAL

SUBDIVISION NAME: _____

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

TAX MAP # _____ **LOT #** _____

DATE OF PLANNING BOARD APPROVAL: _____

CONDITIONS OF APPROVAL – REFER TO THE DECISION DOCUMENT.

CONDITION(S) THAT MUST BE COMPLETED PRIOR TO CONSTRUCTION:

**ALL REQUIRED CONDITIONS THAT MUST BE COMPLETE BEFORE CONSTRUCTION
CAN START HAVE BEEN COMPLETED:**

PLANNING BOARD MEMBERS:

CHAIR: _____

VICE CHAIR: _____

MEMBER: _____

MEMBER: _____

MEMBER: _____