



**TOWN OF LITTLETON**  
**APPLICATION FOR APPROVAL OF PRELIMINARY PLAN**  
**OF A SUBDIVISION**  
**FORM B**

Littleton Town Offices  
37 Shattuck Street  
Room 303  
Littleton, MA 01460  
(978) 540-2425

Date: \_\_\_\_\_

*File completed form with the Planning Board with 3 copies of the plans, plus original Mylar. File a copy of form and plan with the Town Clerk; and 1 copy with the Board of Health in accordance with the requirements of Chapter 249. Email 1 PDF copy of the application and plan to the Planning Department.*

**To the Planning Board:**

The undersigned Applicant herewith submits the accompanying Preliminary Plan of property located in the Town of Littleton for approval as a Preliminary Subdivision as allowed under the Subdivision Control Law and the Rules and Regulations governing the Subdivision of Land of the Planning Board of the Town of Littleton.

1. Location of Property:

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2. Name(s) and Address(es) of Applicant:

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3. Name(s) and Address(es) of Record Owner(s):

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4. Name and Address of Engineer or Surveyor:

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5. Title of Plan: \_\_\_\_\_

6. Date of Plan: \_\_\_\_\_

7. Owner's Title Reference: Deed of \_\_\_\_\_ dated \_\_\_\_\_, [recorded at Middlesex South Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_], [filed at the Middlesex South Registry District of the Land Court as Document No. \_\_\_\_\_]

and noted on Certificate of Title no. \_\_\_\_\_, in Registration Book \_\_\_\_\_, Page \_\_\_\_.

8. Zoning District: \_\_\_\_\_

9. Assessor's Map and Parcel Number: \_\_\_\_\_

#### 10. Number of Lots on the Plan:

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**Signature of Applicant**

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Date

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**Signature of Applicant**

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Date

Signature of Record Owner  
(if other than Applicant)

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Date

Signature of Record Owner  
(if other than Applicant)

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Date

Filing Fee: (\$1,000 plus \$1.00 per linear foot of road.)

Received by Town Clerk: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Form Updated October 2011