



TOWN OF DOUGLAS PLANNING BOARD

FORM B

Application for Preliminary Subdivision

OFFICE USE ONLY

App. #: _____

Date: _____

Fee: _____

The undersigned applicant hereby applies for a **PRELIMINARY SUBDIVISION** pursuant to the *Douglas Rules and Regulations Governing the Subdivision of Land Section 4.1*.

Applicant Information:

Organization Name

Contact Person

Street Address

Additional Address (If Applicable)

City/Town

State Zip Code

Telephone Number

Email Address

Signature

Date

Owner Information (If different from above):

Organization Name

Contact Person

Street Address

Additional Address (If Applicable)

City/Town

State Zip Code

Telephone Number

Email Address

Signature

Date



TOWN OF DOUGLAS PLANNING BOARD

FORM B

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App. #: _____

Date: _____

Fee: _____

Plan Information:

Title of Plan: _____

Plan Draw By: _____

PLS Registration #: _____

Date on Plan: _____

Site Information:

Assessor's Map _____

Assessor's Parcel _____

Deed Book _____

Deed Page _____

Street Address _____

Additional Address (If Applicable) _____

City/Town _____

State _____

Zip Code _____

Project Description:
