



TOWN OF DOUGLAS PLANNING BOARD

FORM D

Application for Designer's Certificate

OFFICE USE ONLY

App. #: _____

Date: _____

Fee: _____

The undersigned applicant hereby applies for a **DESIGNER'S CERTIFICATE** pursuant to the *Douglas Rules and Regulations Governing the Subdivision of Land*.

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



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FORM D

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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 _____

Title to the Property:

My source(s) of information about the location of boundaries shown on said plan were one (1) or more of the following:

The Owner's title to the land that is the subject matter of this application is derived from deed/will/other of

_____, dated _____ recorded in _____

Registry of Deeds, Book _____, Page _____ or as Land

Court certificate of title number _____.

Oral information furnished by: _____

Actual measurements on the ground from a starting point established by: _____

Other source(s): _____