FORM A

APPLICATION FOR ENDORSEMENT OF PLAN BELIEVED NOT TO REQUIRE APPROVAL

Two (2) copies of this form, filled out and signed, should be included with the original and six (6) copies of the plan in question. (Please type or print information in blanks below)

Westminster, Massachusetts

_____, 20____ (Date of Filing)

Name of Applicant:	_Phone #
Address:	
Name of Owner:	
Address:	
Name of Surveyor:	
Address:	
Deed of property recorded inRegistry.	
Book No. Page No.	
Location and Description of Property:MapGroupParcel	
Property Address:	
Zoning District: List any Board of Appeals decisions pertaining to this site:	
Reason plan does not constitute a subdivision:	
No. of lots proposed: Acreage:	
No. of lots proposed: Acreage: Signature of owner:	
Signature of owner:	applicant is represented by an panying the plan that the agent If the applicant is a and a duly authenticated
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Checklist for Receiving Approval Not Required (ANR) Plans:

Address	S:
Owner:	
Map &	Parcel:
Plan da	te:
	Form A Application (2 copies)
	Filing Fee (See most recent Planning Board Fee Schedule)
	Application signed by the owner, or has letter of authorization from the owner
	Plans (6 copies)
	Plan contains all items listed in the Rules and Regulations
	Updated wetlands delineation
	Existing topography, with two-foot contour intervals
	Upland lot area calculations to determine zoning conformance
	Building setback lines for newly created lots
Sign-O	<u>Offs</u>
	Owner is not on the Delinquent Tax List (Treasurer-Collector Sign Off).
	Fire Department has reviewed plan and determined that access to the lot is adequate.
	If an existing lot proposed to be divided contains an existing dwelling already located on the lot, Title 5 Regulations require that the septic system must be inspected and the results submitted to the Board of Health within 30 days of the inspection date.

ANR Plans will be put on the Planning Board agenda after the Town Planner verifies that all filing information has been submitted and the application is deemed complete. The application will not be deemed complete until all items on the above checklist have been submitted, and the Board of Health signs off that the plan does not require a Title 5 inspection. If the Health Agent determines that the plan does require Board of Health Approval, such approval must be obtained prior to the application being deemed complete. Once the application is deemed complete, the ANR Plan will be marked "received" at a regularly scheduled meeting of the Planning Board. The Planning Board will act on the ANR plan within 21 days after the plan is received.