

**TOWN OF MILLBURY, MASSACHUSETTS  
FORM M**

APPLICATION FOR APPROVAL OF AN OPEN SPACE COMMUNITY PLAN

Date \_\_\_\_\_

1. NAME OF APPLICANT \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. NAME OF PROPERTY OWNER (if different than applicant) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3. The undersigned's title to said land is derived from \_\_\_\_\_  
by deed dated \_\_\_\_\_ and recorded in the Worcester District Registry of Deeds Book  
\_\_\_\_\_, Page \_\_\_\_\_, or by Land Court, Certificate of Title No. \_\_\_\_\_; and said land is  
free of encumbrances except for the following:

\_\_\_\_\_

4. NAME OF CONTACT PERSON \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

5. PROJECT LOCATION \_\_\_\_\_ ASSESSOR'S MAP, LOT # \_\_\_\_\_

Access will be from the following streets \_\_\_\_\_

Number of lots proposed \_\_\_\_\_ Total acreage of tract \_\_\_\_\_

6. To the Planning Board of the Town of Millbury:

The undersigned, being the applicant as defined under Chapter 41, Section 81-L, for approval of a proposed  
subdivision shown on a plan entitled \_\_\_\_\_,  
drawn by (Surv/Eng's Name) \_\_\_\_\_, (Address) \_\_\_\_\_ and dated  
\_\_\_\_\_, being land bounded as follows: \_\_\_\_\_

\_\_\_\_\_ hereby submits said plan as an OPEN SPACE COMMUNITY plan in accordance with the Rules and  
Regulations of the Millbury Planning Board and makes application to the Board for approval of said plan.

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The undersigned hereby applies for the approval of said OPEN SPACE COMMUNITY plan by the Board, and in furtherance thereof hereby agrees to abide by the Board's Rules and Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Property Owner's Signature

7. Affidavit that all required items are shown on the Plan or waivers are requested in writing.

Town Planner/Planning Board Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit 15 copies of the plan and 2 copies of Form M  
Plus the application fee (\$\_\_\_) and the technical review fee (\$\_\_\_)  
Also: submit one copy of this form and checklist to the Town Clerk and  
one copy of this form, checklist and plan to the Board of Health**