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DIRECTOR OF PUBLIC HEALTH

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760

PHONE – 508-647-6460
FAX – 508-647-6466

APPLICATION FOR SUBDIVISION / SITE PLAN REVIEW

Name: _____ Telephone # _____

Business Address: _____

If Applicant is a partnership, please give full name & addresses of all partners:

If Applicant is a Corporation: _____ State of Incorporation: _____
Full Name & Address of: _____

President: _____

Treasurer: _____

Clerk: _____

Name of Subdivision/Site Plan: _____

Circle type of plan:

Definitive

Subdivision

Site Plan

Total Land Area in Acres: _____

APPLICATION FEE:

Preliminary Plan: \$375.00

Definitive Plan:

\$650.00 PLUS \$50.00 X _____ per lot or per acre, whichever is greater = _____

Signature: _____ Date: _____

Address: _____

Received this date by the Natick Board of Health, \$ _____, application fee and plans for subdivision/site plan review of : _____

Board of Health Agent

Date