

SALISBURY PLANNING BOARD PRELIMINARY PLAN

FILING CHECKLIST

Applications will not be stamped in at the Town Clerk's office for the Planning Board, until the Planning Department determines that the following items are included with the application:

1. Application must be filled out completely and correctly. (Map and Parcel must be included and can be found in the Assessors Office)
Attachment 1
2. Preliminary Plan filing fee. Checks payable to the Town of Salisbury.
3. Plan drawn in accordance with the requirements listed in Salisbury's Subdivision Control Regulations Section IV (7 COPIES).
4. Treasurer's Office signature to insure all Taxes are paid up to date on the property in question and any applicable betterments are paid in full. **Attachment 4**
5. Copy of Registered Deed

IMPROPER OR INCOMPLETE FILINGS WILL RESULT IN A DELAY IN DECISION, TOWN CLERK WILL SIGN AND STAMP AFTER PLANNING DEPARTMENT SIGNS OFF.

Planning Department

Town Clerk

***** Notes to Applicant *****

Board of Health will approve or Disapprove plans within 45 Days of submission. Planning Board has up to 45 Days from submission to make a decision.

Attachment 1

SALISBURY PLANNING BOARD

FORM B

APPLICATION for APPROVAL of a PRELIMINARY PLAN

Date _____

Map _____ Lot _____

Applicant's Name:

Applicant's Address:

Telephone #: _____

Owner of Property:

Owner's Address :

Plan Entitled: _____ Dated

Zoning District: _____

Lots Created: _____

Description of Proposed Work: _

Other Permits Required and Status of Applications:

Waivers Requested:

Copy of Application and Plan Received by Board of Health:

Date _____

Time: _____

Signature _____

Attachment 4

**DEFINITIVE SUBDIVISION APPLICATION
TAX AND BETTERMENT PAYMENT CERTIFICATION**

Date _____

Map _____ **Parcel** _____

Owners Name: _____

Property Address: _____, Salisbury MA

I, _____, certify that all taxes and applicable betterment's have been paid in full for the property located at **Map** _____ **Parcel** _____. The next billing date is _____.

Signature: _____

Treasurer or Treasurer's Clerk

Date: _____