

**FORM B – APPLICATION FOR APPROVAL OF A PRELIMINARY SUBDIVISION PLAN**

Date: _____

Applicant: _____

Mailing Address: _____

Applicant's Phone Number: _____ E-mail Address: _____

Property Owner: _____

Mailing Address: _____

Engineer and/or Surveyor: _____

Mailing Address: _____

Property Information: Assessors Map # _____ Parcel # _____ Zoning Dist. _____

Number of lots proposed: _____

Deed to Property recorded in the Worcester District Registry of Deeds Book _____ Page _____

Applicant's Signature_____
Owner's Signature

INSTRUCTIONS: Complete three (3) copies of this application and tax verification form. Deliver one complete form with five (5) copies of the plan, 8 copies of the plan sized 11" x 17", a digital copy of all submitted materials, and the proper filing fee to the Planning Board or by certified mail to the Planning Board Office at the above address. Deliver one complete form with a copy of the plan to the Board of Health Office at the above address. Give notice to the Oxford Town Clerk by delivery or certified mail to the above address that the plan has been submitted to and accepted by the Planning Board and include one complete form and a copy of the plan.

FILING FEE: \$750.00

NOTICE: Oxford Planning Board meets on the second and fourth Monday of each month. To ensure that your submission is placed on the agenda, you must submit a complete application package to the Planning Board before noon on the Wednesday prior to the meeting.

FOR OFFICIAL USE ONLY

THIS PORTION TO BE COMPLETED BY THE PLANNING BOARD CLERK

Received by Planning Board: (Signature) _____ Date: _____ Time: _____

Received by Board of Health: (Signature) _____ Date: _____ Time: _____

Received by Town Clerk: (Signature) _____ Date: _____ Time: _____



TO THE APPLICANT:

Please furnish the following information and return to the appropriate board, office, department, commission or division of the Town of Oxford (pursuant to Chapter 53, Section 1 through 5, General By-Laws, Town of Oxford):

APPLICANT or
PRINCIPLE OF ORGANIZATION: _____

Address: _____

PROPERTY
OWNER: _____

Address: _____

Board of Assessors:

Property Location: _____

Please list parcel owned by above applicant:

Map: _____ Parcel: _____ Date Purchased: _____

Assessor's Office Date

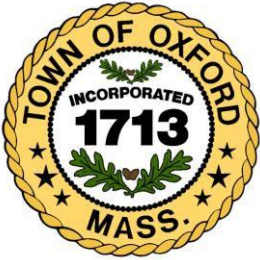
Tax Collector:

Tax Status: _____

Real Estate: _____

Personal Property Tax: _____

Treasurer/Collector's Office Date



TOWN OF OXFORD

Board of Assessors

*Alexander Sendzik-MAA, Town Assessor
325 Main Street, Oxford, MA 01540
Phone (508) 987-6038 ext. 1051
Fax (508) 987-3706
assessor@oxfordma.us*

ABUTTERS LIST REQUEST FORM

DATE: _____

MAP _____ PARCEL _____

PROPERTY ADDRESS: _____

OWNER: _____

NAME OF REQUESTOR: _____

PHONE: _____

EMAIL ADDRESS: _____

TOWN DEPARTMENT REQUIRING LIST:

- ☐ Board of Health - 100'
- ☐ Board of Selectman – 300'
- ☐ Conservation - 100'
- ☐ Planning Board (site review) - 300'
- ☐ Zoning Board of Appeals – 300'
- ☐ Other

PURPOSE: _____

\$10 Fee

Please remit to: Town of Oxford- Assessor 325 Main Street Oxford, MA 01540

Assessor Space Only
____ PAYMENT RECEIVED ____ Check ____ Cash