



PLANNING BOARD
DOVER, MASSACHUSETTS

APPLICATION FOR SITE PLAN REVIEW

DATE SUBMITTED: _____

INSTRUCTIONS: Submit to the Town of Dover, (Town Clerk, one copy and Planning Board two (2) copies) of this form and plans and one check, payable to the Town of Dover for the appropriate amount as indicated on Form F of the Rules and Regulations of the Town of Dover Planning Board.

Applicant Name and Contact:

Name: _____

Address: _____

Telephone: _____

Owner Name and Contact:

Name: _____

Address: _____

Telephone: _____

Permit Desired: _____

Description of Premises : _____

Location of Property: Assessors Plans, Map No. _____ Lot No. _____

Has there been a previous application for site plan review for these premises ? _____

If so, what was the date of the previous application? _____

State your interest in the premises. (Owner, lessee, etc.) _____

Does anyone else have an interest in the premises? (Owner, lessee, mortgagee(s),
etc.?) _____ If so, state names and identify interest. _____

Name and Contact of Engineer and/or Surveyor: _____

Source of Owner's Title:

(a) Deed from _____ dated _____ recorded in
Norfolk County Registry of Deeds Book _____, Page _____; or

(b) Land Court Certificate of Title No. _____ registered with
Norfolk County Registry, Book _____, Page _____.

Applicant's Signature: _____ Date: _____

Name (printed): _____