Newbury Planning Board  
Form H  
Application for Approval of an Open Space Residential Subdivision Special Permit  

Two copies* of this form, filled out and signed, should be submitted with the original and 8 copies of the plan**

To the Planning Board  
Date of Filing

The undersigned applicant being the owner or agent or representative of the owner of all the land included within a proposed open space residential subdivision shown on a plan entitled:

By____________________________________________________________dated___________________

(Engineering Firm)  
being land bounded as follows____________________________________________________________

Hereby submits said plan as a CONCEPT plan in accordance with the Newbury Zoning By-laws and the Rules and Regulations of the Newbury Planning Board and makes application to the Board for approval of an Open Space Residential Subdivision Special Permit.

The owner’s deed of the property is recorded in the Essex South Registry of Deeds Book _____________ Page____________ of Land Court Certificate of Title No. ____________ Registered in the Essex South Land Registry District Book ____________________ Page_________________.

Name of Owner: ________________________________________________________________________

Owner’s Address: _______________________________________________________________________

Applicant’s Signature and Address if not the Owner._____________________________________________

Signature for the Board._______________________________ AmountReceived_________________

I (we) agree to submit a check or money order to the Board in the amount of any reasonable technical consultants fee over the amount of ________________ (above amount).

Applicant’s Signature:_______________________________________________________________

Planning Board Acceptance of Preliminary Plan Application

Signed: ___________________________________________ ___for the Newbury Planning Board

Date: ____________________________________________

* One copy to P.B/one copy to Board of Health  ** 8 copies to P.B./ 2 copies to Board of Health