FORM A

APPLICATION FOR ENDORSEMENT OF A PLAN BELIEVED NOT TO REQUIRE APPROVAL

File one (1) completed form with the Planning Board and one (1) copy with the Town Clerk

	Wales, MA	Date:
To the Planning Board:		
The undersigned, believing that the constitute a subdivision within the n for a determination and endorsementaw is not required.	neaning of the Subdivision Contro	l Law, herewith submits said plan
**Please note that all plans submitt approval must include all: "Stonewa		•
1. Name of Applicant:		
Address:		
2. Name of Surveyor:		
Address:		
3. Deed of property recorded in Han	npden County Registry of Deeds E	Book
Page or Land Court Certifi Book, Page	cate of Title No, r	egistered in Hampden District,
4. Location of property:		
5. Reason plan believed not to be a s	subdivision/ Planned use of prope	erty:

Owner's signature(s): ______Date: _____Date: ______Date: ______Date: _____Date: _____Date: _____Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: ______Date: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Dat

Approval Not Required (ANR)

* Application Fee	
*Lot Fee per each new lot	. \$100.00 per lot / parcel modified or created

REQUIRED SIGNATURES

- Please<u>Note</u>: Both required signatures #1 and #2 must be obtained prior to submission to the Town Clerk.
- Required signatures are the responsibility of the Applicant.
- Failure to obtain all required signatures may cause a delay in processing.

1. REQUIRED SIGNATURE(S): APPLICANT AND/OR OWNER:

Both Applicant and at least one Property Owner signature must be submitted.

The undersigned, being the APPLICANT AND OWNER(S) named above, hereby applies for approval of a Application for endorsement of a plan believed to not require approval (ANR), by the Planning Board and certifies that, to the best of the APPLICANT'S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Zoning By-Law of the Town of Wales, MA.

Applicant's Signature _		
Date:		

Property Owner's Signature _____ Date: _____ (If Not Applicant)

2. REQUIRED SIGNATURE: TAX COLLECTOR

To be completed by the Tax Collector: The Office of the Tax Collector verifies that there are no outstanding taxes due by the Property Owner to the Town of Wales, MA.

Note: Delinquent bills must be paid in full before your application can be processed. Please make arrangements to pay all outstanding bills at the Tax Collector's Office.

 Tax Collector's Office – Name (Please Print)
 Initial
 Date

Note: All fees and forms are due 2 weeks prior to Planning Board meeting in order to be heard, if any of the above information is found to be inaccurate the Planning Board may post-pone approval.

Town Clerk Signature