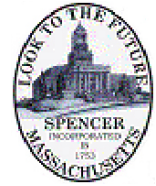


TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Application for
Preliminary Plan

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Name of Applicant: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Other Phone: _____

Name of Owner(s): _____ Address: _____

Name of Surveyor: _____

Address: _____

Daytime Phone: _____ Other Phone: _____

Location of Property: _____

Spencer Assessor's Tax Map Number: _____ Parcel Number(s): _____

Deed Reference - Worcester Registry of Deeds Book: _____ Page: _____

Plan Reference - Worcester Registry of Deeds Book: _____ Page: _____

Number of lots (including original parcel): _____ Acreage: _____ Length of dead-end road: _____ Feet

Check all that apply:

Zoning District: _____ Wetlands Floodplain Aquifer Duplex Multi-Family

Applicant's signature: _____

Owner's signature(s): _____

Date: _____

Town Clerk's Date Stamp:

Official Use Only:

Fee: \$ _____ Date Paid: _____ Check #: _____

Date of Planning Board Meeting: _____

Decision of Planning Board: _____