

Form A**Application for Endorsement
Of Plan Believed not to Require Approval**

File one completed form with the Planning Board and one copy with the Town Clerk, in accordance with the requirements of Section 3.1., at least 24 hours before a regularly scheduled meeting of the Planning Board.

Millis, Massachusetts, _____ 20____

To the Planning Board:

The undersigned, believing that the accompanying plan of his property, in the Town of Millis, does not constitute a subdivision within the meaning of the Subdivision Control Law, herewith submits said plan for a determination and endorsement that Planning Board approval, under the Subdivision Control Law, is not required.

1. Name of Applicant _____
Print or Type *Signature*

Address _____

2. Name of Owner _____
Print or Type *Signature*

Address _____

3. Name of Engineer or Surveyor _____

Address _____

4. Deed of property recorded in _____ Registry,

Book _____ Page _____

5. Location and Description of Property, **including assessor's map & parcel number:**

Date of Submission _____

Town Clerk _____
Signature

Checklist for Approval Not Required (81-P) Plan Submission

Completed

- _____ 1. Completed Original Form A (signed by Town Clerk)

- _____ 2. Written evidence to show plan does not require approval and conforms to the Zoning Bylaws of the Town of Millis

- _____ 3. Filing Fee: \$100.00 plus \$50.00 per lot shown on the plan
Make check payable: "Town of Millis"

- _____ 4. 8 copies of the plan along with the mylar (scale 1" – 40')

- _____ 5. Completed "Interdepartmental Sign-Off Form" from
Board of Health

****Advertising not required****

Interdepartmental Sign-Off Form

Board of Health: Regulations regarding Sub-surface Sewage Disposal and the division of land, under review of the Millis Planning Board, to be completed by the applicant.

SUB-DIVISION of LAND IN UNSEWERED AREAS: All real property that is sub-divided must meet the requirements of the State Code, 310 CMR 15.010. The property owner must prove that the remainder property, if served by a septic system, can support necessary maintenance and a subsequent fully-complying Title 5 system if the original system should fail. At the time of land division, the Board of Health may request percolation or soil testing and any other engineering necessary, with all expenses borne by the applicant, to prove that the remainder property can support a fully complying septic system.

Applicant's Name: _____ **Mailing Address:** _____
Site Address: _____ **Original Assessor's Map/Parcel:** _____
Primary phone: _____ **Alternate phone:** _____
Engineer or Surveyor of record: _____

Prior to sub-division or ANR division: Total Acreage = _____
Divided properties = _____ SF/Acres each Lot identified as: _____
Divided properties = _____ SF/Acres each Lot identified as: _____
Divided properties = _____ SF/Acres each Lot identified as: _____

Attach additional sheets, if necessary

- Property is on municipal sewer, **OR**
 Property is on septic system
 Existing Septic is permitted for _____ bedrooms or gallons, **AND**
Yes/No Property is located in Nitrogen-Sensitive Area.

Signature of Applicant: _____ Date: _____

Date of Planning Board Review: _____

For Board of Health Office Use:		
Date Received:	Date Reviewed:	By:
Approved without further conditions, date:		By:
Additional Information required:		
Perc testing required on Remainder property:		
Engineering required for Remainder property:		
Results:		