

FORM D

DEPARTMENTAL REVIEW OF SUBDIVISION PLAN

To: Board of Health
Board of Selectmen
Fire Department
Police Department

Highway Superintendent
Board of Water Commissioners
Conservation Commission
Soil Removal Board
Tree Warden

From: Applicant

Subject: _____
Description of plan, date, etc.

- 1. The subject named plan herewith attached has been submitted to the Planning Board for approval as a subdivision.

For the guidance of the Planning Board, will you please note any appropriate comment or approval on the blank below and/or on the plan itself and return to the Planning Board as soon as possible.

- 2. Under the requirements of Section 81-U of Chapter 41 of the General Laws, the Board of Health must notify the Planning Board if the Board of Health is in doubt as to whether any of the land in the subdivision can be used as building sites without injury to the public health. If a municipal system will serve the site, the Board of Health must report to the Planning Board within forty-five (45) days after this notice.

To: The Topsfield Planning Board
Town Hall
Topsfield, Massachusetts

Date: _____

Subject: _____
Description of plan, date, etc.

- 1. The undersigned APPROVES/DISAPPROVES (cross out one) of the subject named subdivision plan insofar as its requirements are affected.
- 2. The following comments are offered for the guidance of the Planning Board:
- 3. Bond requirements:* \$ _____

Department _____
Signed _____

*For that portion of work reviewed.
cc: Planning Board