



CITY OF ATTLEBORO MUNICIPAL COUNCIL

GOVERNMENT CENTER, 77 PARK STREET
OFFICE OF THE MUNICIPAL COUNCIL
ATTLEBORO, MASSACHUSETTS 02703
(508) 223-2222 FAX 222-3046

FORM H APPLICATION

APPLICATION FOR A STREET DISCONTINUANCE PLAN

File the fully completed original application with the Office of the City Clerk. After filing the original with City Clerk, submit one (1) copy of the application, and eleven (11) copies of the site plan to the Municipal Council Office and Planning Board in accordance with the requirements of MGL Ch. 41 and the local subdivision regulations. A list of the names and addresses of the abutters, certified by the City Assessor, must accompany this application. The Municipal Council Office will make notification. All necessary materials must be submitted at the time of filing. **AN INCOMPLETE SUBMISSION WILL NOT BE PROCESSED.**

The undersigned herewith submits the accompanying proposed street discontinuance plan of the way named _____, and as shown on the plan entitled _____, located in the City of Attleboro for review and approval as a street discontinuance plan as allowed under MGL Ch. 41, Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land of the Planning Board.

1. Name of Applicant: _____
Address and Telephone #: _____
2. Name of Property Owner: _____
Address and Telephone #: _____
3. Name of Engineer: _____
Address and Telephone #: _____
4. Location of Property: _____
5. Deed/Property Recorded In: _____
Book: _____ Page: _____
6. Assessor's Plat #(s): _____
7. List the Assessor's lots along which the street discontinuance is proposed: _____

8. Zoning District(s): _____

9. Identify the name, length and width of the subject street: _____

10. Linear feet proposed to be discontinuance: _____

11. Please add any additional information in the space provided below that you think may be helpful to the Municipal Council with its review of your proposed street discontinuance plan.

12. Signature of Applicant: _____

13. Signature of Owner: _____

14. Signature of Representative: _____

15. Pursuant of §9.31 DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, I attest that, to the best of my knowledge, I have paid any and all real estate taxes, excise taxes, or any other municipal charges.

Signature: _____

Owner

Please note that pursuant to §9.31 DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, this application cannot be filed with the Office of the City Clerk or be processed by the Department of Planning and Development unless it is signed or initialed by the City Collector and the City Treasurer.

Debora Marcoccio, City Collector _____

Ethel Sandbach, City Treasurer _____