



TOWN OF DOUGLAS

FORM Q-1

Petition/motion to amend, modify, or rescind approval or
require a change in an approved subdivision plan

OFFICE USE ONLY

APPL No. _____

SUBMITTED _____

FEE _____

I. Petition/Movant Information

Petitioner's/Movant's name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

II. Original Applicant Information

Owners Name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

III. Present Owner Information

Name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

IV. Original Plan Information

Title of Plan: _____

Drawn By: _____

PLS registration #: _____

Date on Plan: _____



TOWN OF DOUGLAS

FORM Q-1

Petition/motion to amend, modify, or rescind approval or
require a change in an approved subdivision plan

OFFICE USE ONLY

APPL No. _____

SUBMITTED _____

FEE _____

Date of approval of plan: _____

Date of endorsement of approval of plan: _____

Recording information of originally approved plan: _____

Book _____, Page _____

V. Proposal for Amendment, Modification, Rescission, or Change-

This is a petition/motion for:

Amendment of the approved subdivision plan as follows:

And for the following reasons:

Modification of the approved subdivision plan as follows:

And for the following reasons:



TOWN OF DOUGLAS

FORM Q-1

Petition/motion to amend, modify, or rescind approval or
require a change in an approved subdivision plan

OFFICE USE ONLY

APPL No. _____

SUBMITTED _____

FEE _____

Rescission of the approved subdivision plan as follows:

And for the following reasons:

Changes to the approved subdivision plan as follows:

And for the following reasons:

I hereby certify that a copy of this petition/motion has been filed with the board of health.

Signature of petitioner/movant (may be planning board)

Received by board of health:

Date: _____

Signature of board of health representative