TOWN OF MILLBURY, MASSACHUSETTS FORM B

APPLICATION FOR APPROVAL OF A PRELIMINARY PLAN

	Date	
1.	NAME OF APPLICANT VBM PROPERTIES, LLC	-10
	Address 4 HIDDEN MEADOW DRIVE, MILLBURY, MA 01527 Phone Number (508) 579-7819	
2.	NAME OF PROPERTY OWNER (if different than applicant)	
	AddressPhone Number	
3.	The undersigned's title to said land is derived from US MARSHALL STAKE ASSET FORFER by deed dated 1213 2019 and recorded in the Worcester District Registry of Deeds Book (01579, Page 225, or by Land Court, Certificate of Title No; and said land is free of encumbrances except for the following:	FURE
4.	NAME OF CONTACT PERSON KEVIN QUINN PE	
	Address Po Box 107, PAXTON, MA 011612 Phone Number (508) 753-7999	
5.	PROJECT LOCATION McCracien Rose ASSESSOR'S MAP, LOT # 33, 4 Access will be from the following streets McCracien Road Number of lots proposed 3 Total acreage of tract (6.84)	

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6. To the Planning Board of the Town of Millbury:		
The undersigned, being the applicant as defined under Chapter 41, Section 81-L, for approval of a proposed subdivision shown on a plan entitled Presummary Pesideman Supplyision Plant, Burken why drawn by (Surv/Eng's Name) Quint Engineering, (Address) POBOXIO7 PAXION and dated being land bounded as follows: See ATTACHED DEED		
hereby submits said plan as a PRELIMINARY plan in accordance with the Rules and Regulations of the Millbury		
Planning Board and makes application to the Board for approval of said plan.		
This plan has has not evolved from a Special Permit # granted on (date) and recorded in Worcester District Registry of Deeds Book, Page		
and recorded in Worcester District Registry of Deeds Book, Page		
The undersigned hereby applies for the approval of said PRELIMINARY plan by the Board, and in furtherance		
thereof hereby agrees to abide by the Board's Rules and Regulations.		
My hat		
Applicant's Signature Property Owner's Signature		
7. Affidavit that all required items are shown on the Plan or waivers are requested in writing.		
Town Planner/Planning Board Clerk Signature Date		