

FORM E
WILLIAMSBURG, MA

DEPARTMENTAL REVIEW OF SUBDIVISION PLAN

To: Board of Health Building Inspector
 Highway Superintendent Conservation Commission
 Fire Department Police Department
 Board of Sewer and Water Commissioners

From: Planning Board

Date: _____

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 within forty-five (45) days (all others thirty (30) days) of the date of this notice 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.

_____ (do not detach) _____

To: Planning Board

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:

Department _____

Signed _____