

*SUBDIVISION RULES AND REGULATIONS*

*LEE PLANNING BOARD*

**FORM B-1**  
**TRACKING SUBMISSION AND ACTION ON**  
**PRELIMINARY PLAN**  
*For Use by Planning Board Only*

*Note: Application shall include all information required for a Preliminary Plan as listed in the Subdivision Regulations. Supplementary materials are optional, but are recommended where applicable. Applications will be reviewed for completeness by the Planning Board at their next regular meeting after submission. An Application that lacks required information may be rejected by the Planning Board as being an incomplete submission and will not be acted on until the required information is submitted and the application reviewed again for completeness, or a new application is submitted with all required information. The statutory 45 day period for action on a Preliminary Plan will be extended by the time between date of determination of incomplete application until date when Board determines application is complete.*

Subdivision Name: \_\_\_\_\_

Subdivision Location: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Application was submitted to Planning Board on \_\_\_\_\_, 20\_\_\_\_

By: ☐ Delivery at Regular Meeting; or by: ☐ Registered Mail to Town Clerk.

Application was submitted to Town Clerk on \_\_\_\_\_, 20\_\_\_\_

By: ☐ Delivery; or by: ☐ Registered Mail Return Receipt (submit copy of receipt)

Application Fee was submitted in the amount of \$\_\_\_\_.

Application was reviewed by Planning Board for completeness at Meeting held on \_\_\_\_\_, 20\_\_\_\_.

Board determined that application was:

☐ Complete and a meeting was scheduled for \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ p.m. to consider the Preliminary Plan; or

☐ Incomplete and was rejected due to lack of the following required information::

\_\_\_\_\_  
\_\_\_\_\_

Copies of Application Materials were distributed to the following town agencies, and comments requested due to Planning Board by \_\_\_\_\_, 20\_\_\_\_.

<u>Distributed on:</u> _____, 20____	<u>Comments Received?</u>
____ Board of Health	Yes/No
____ Department of Public Works	Yes/No
____ Conservation Commission	Yes/No
____ Traffic Commission	Yes/No
____ Emergency Services (Fire, Police, Ambulance)	Yes/No

Board determined that a Consultant Review Fee for the Preliminary Plan was:

☐ Not Required

☐ Required

- Consultant Review Fee was estimated to be \$ \_\_\_\_\_.  
(Attach related fee proposal and scope)
- Name of Consultant(s) selected by Planning Board:  
\_\_\_\_\_
- Consultant Review Fee deposited with Town Treasurer by Applicant on  
\_\_\_\_\_
- Unexpended Balance of Review Fee in the amount of \$ \_\_\_\_\_ was  
refunded to Applicant on \_\_\_\_\_, 20\_\_\_\_ upon conclusion of  
Preliminary Plan Review.

Site Visit Conducted? Date: \_\_\_\_\_, 20\_\_\_\_.

Vote on Preliminary Plan at Meeting held on \_\_\_\_\_, 20\_\_\_\_:

Preliminary Plan was:

☐ Approved as submitted.

☐ Approved with the following Waivers: \_\_\_\_\_

\_\_\_\_\_

☐ Approved with Modifications or Conditions as follows: \_\_\_\_\_

\_\_\_\_\_

☐ Disapproved for the following reasons: \_\_\_\_\_

\_\_\_\_\_

Certificate of Action on Preliminary Plan sent to Applicant on \_\_\_\_\_, 20\_\_\_\_  
and to Town Clerk on \_\_\_\_\_, 20\_\_\_\_.