



Date Submitted: _____

Town of Lakeville
PLANNING BOARD
346 Bedford Street
Lakeville, MA 02347
508-946-8803

RECEIPT OF PRELIMINARY / DEFINITIVE PLAN FORM C

SITE PLAN NAME: _____

SITE PLAN ADDRESS: _____

PLAN SUBMITTAL

CONTACT NAME AND PHONE NUMBER: _____

The undersigned hereby certify receiving a copy of the above specified Site Plan(s) for their
Department / Board review and comment within ten (10) days of receipt: _____

↑ Write the 10 day date here ↑

These plans will be presented to the Planning Board on _____

DEPARTMENT / BOARD	SIGNATURE	DATE
1. Conservation Commission		
2. Police Chief		
3. Fire Chief		
4. Board of Health		
5. Highway Surveyor		
6. Building Department		
7. Open Space Committee		
8. Board of Selectmen		