



TOWN OF BERKLEY

Affidavit of Plan Distribution **UNDER THE RULES AND REGULATIONS OF THE** **BERKLEY PLANNING BOARD** **FOR THE SUBMISSION OF A** **PRELIMINARY or DEFINITIVE** **SUBDIVISION PLAN**

I hereby certify under the pains and penalties of perjury that I mailed by certified mail or hand delivered a copy of the Application and Plans to each of the following Departments on the date indicated for the following project:

Project Name

Signature

Print Name

Date Application Submitted to Planning Board: _____

Applicant Name and Address: _____

Per the Rules and Regulations of the Berkley Planning Board, the applicant is required to deliver a copy of the submitted Application and Plan to each of the following Departments and return this form to the board within 5 days:

Notified By: (check one)

Board of Health **	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____ Date
Conservation Comm.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____ Date
Fire Dept.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____ Date
Police Dept.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____ Date
Highway Dept.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____ Date
Soil Board	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____ Date

Contact Information will be provided to you for:

Planning Bd. Engineer	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> USPS / UPS / FED EX	_____ Date
Planning Bd .pdf	<input type="checkbox"/> Email		_____ Date

If Certified Mail is checked, provide receipts when submitting this form.

**** Preliminary plan requires distribution to the Board of Health only.**