

FORM A
APPLICATION FOR ENDORSEMENT OF PLAN
BELIEVED NOT TO REQUIRE APPROVAL

The undersigned wishes to record the accompanying plan and requests a determination and endorsement by said Board that approval by it under the Subdivision Control Law is not required.

1. Name of Applicant(s): GAIL H. ZAYKA
Contact Address: 2 OLD HARVARD ROAD BOLTON, MA. 01740
Phone: 978-779-2741 Email Address: gailreliv@aol.com
2. Name of Property Owner(s): GAIL H. ZAYKA
Contact Address: 2 OLD HARVARD ROAD BOLTON, MA. 01740
Phone: 978-779-2741 Email Address: gailreliv@aol.com
3. Name of Registered Land Surveyor: DAVID E. ROSS ASSOCIATES, INC
Address: 6 LANCASTER COUNTY ROAD, P.O. BOX 795 HARVARD, MA. 01451
Phone: 978-772-6232 Email Address: (KEVIN CONOVER) kconover@davideross.com
4. Deed of property recorded in: Book No., 5998 Page, 272
69395 35
of the WORCESTER SOUTH Registry of Deeds
5. Property Location: GREEN ROAD & OLD HARVARD ROAD
6. Assessor's Map and Parcel: MAP 6C PARCEL 7
7. Zoning District(s): RESIDENTIAL
8. Property Acreage: 26.38 ACRES
9. Number of Existing Lots: 3 LOTS & 1 PARCEL
10. Proposed Lot(s) Frontage & Acreage: SEE PLAN
11. List any Board of Appeals decisions pertaining to this site: _____
12. Reason plan does not constitute a subdivision: LOTS 1, 2 & 3 CONFORM WITH THE FRONTAGE AND AREA REQUIREMENTS AS OUTLINED IN THE TOWN OF BOLTON ZONING BYLAWS

Signature of Applicant: Neil H. Zayka

Date: 1/11/24

Signature of Owner: Neil H. Zayka

Date: 1/11/24