

SAUGUS BOARD OF ASSESSORS

ABUTTERS LIST REQUEST

DATE: _____

ABUTTERS FOR: _____

No.

Street

OWNER NAME: _____

Last Name

First Name

OLD PLAN NO.: _____

OLD LOT NO.: _____

MAP: _____

BLOCK: _____

LOT: _____

REASON FOR ABUTTERS LIST: _____

SIGNATURE OF PERSON REQUESTING ABUTTERS LIST:

PRINTED NAME AND PHONE #: _____

CHECK ONE:

☐

ABUTTER TO ABUTTER

☐

LIQUOR LICENSE (DIRECT ABUTTERS & ANY
SCHOOL, CHURCH, OR HOSPITAL WITHIN 500 FT)

☐

ABUTTERS TO 300 FT

☐

EXTENDED HOURS (ABUTTERS TO 100 FT)

BOARD OF APPEALS

BOARD OF SELECTMEN

PLANNING BOARD

CONSERVATION COMMITTEE

Ron Keohan MAA RMA

DATE DELIVERED: _____

Deputy Assessor

781-231-4134