

## Form C Application for Approval of Definitive Subdivision Plan Planning Board

Applicant
Applicant's Name:
Applicant's Address:
Applicant's Phone #:
The Plan
Title of Plan:
Drawn by:
P.E.'s or Surveyor's Registration #:
Date of Plan or revision:
Owner
Owner's Name:
Owner's Address:
Owner's Phone #:
Name of Agent (if applicable):
Date: Owner's Signature:
Assessor's Records
The land shown on the plan is shown on Map, Lot of the Assessor's records and has an address of
Preliminary Plan
Approved as a Preliminary Subdivision Plan on (date) Was not submitted



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## To the Planning Board of the Town of Sturbridge:

The undersigned, b	peing the applicant as defined under M.G.L. Chapter 41	, Section 81-L , for
approval of a propo	osed subdivision, shown on a plan entitled:	
u	" prepared by	, dated
or revised on	" prepared by and described as follows: located off	road,
	roposed, total acreage of tract hereby submits	
Definitive Subdivisi	ion Plan in accordance with the Rules and Regulations	s of the Sturbridge
Planning Board and	d makes application to the Board for approval of said p	plan.
Title to the Prope	rty	
The owner's title to	o said land that is the subject matter of this application	ı is derived from:
Recorded in the Wo	orcester District Registry of Deeds Book and Page:	
List any easements	s located on the property:	
	ereby applies for approval of said Definitive Subdivision the plan conforms to the Board's Rules and Regulation	
Applicant's signatur	re:	
Date:		



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Received by Town Clerk:
Date:
Time:
Town Clerk Signature:
Received by Board of Health:
Applicant(s) are are not the owners (check one)
Date:
Time:
Board of Health Representative:
BoH Signature:
Received by Board of Selectmen:
Date:
Time:
Board of Selectmen Representative:
BOS Signature:
Planning Department - Fee Schedule
Filing Fee Paid:
Check Number:
Date Received: Received By: