

**FORM C**

**APPLICATION FOR APPROVAL OF DEFINITIVE SUBDIVISION PLAN**

File one completed form with the Planning Board, one with Board of Health and one with the Town Clerk in accordance with the requirements of Section III-B. Provide a time stamped copy to the Planning Board.

DATE: \_\_\_\_\_ 20 \_\_\_\_\_

**To the Planning Board:**

The undersigned herewith submits the accompanying Definitive Subdivision Plan of property located in the Town of North Brookfield for approval as a subdivision under the requirements of the Subdivision Control Law and the rules and regulations governing the subdivision of land in the Town of North Brookfield.

Applicant's Name: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Owner's Name, if different: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Name of Engineer/Surveyor: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Deed of Property recorded in Worcester Registry, Book \_\_\_\_\_, Page \_\_\_\_\_

Survey Plan Reference in Worcester Registry: Plan Book \_\_\_\_\_, Page \_\_\_\_\_

Location and Description of Property: \_\_\_\_\_

\_\_\_\_\_

Number of Lots Proposed: \_\_\_\_\_ Acres: \_\_\_\_\_ Length of Proposed Road: \_\_\_\_\_

Signature of Applicant(s): \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_ Assessors Tax Map/Lot Reference: \_\_\_\_\_

An Assessors certified list of the names/addresses of the abutters of this subdivision is attached.

The Town Clerk's date stamp shall be provided on this application in the space below or on a copy of this form.