

TOWNSEND PLANNING BOARD FORM DEFINITIVE-1 APPLICATION FOR APPROVAL OF A DEFINITIVE PLAN OF A SUBDIVISION

Date:			Page 1 of 4	
The undersigned applicant, being the owner (or agent/representative of the owner) of all the land included within the proposed subdivision shown on the plan does hereby submit an application for approval of a Definitive Plan Subdivision entitled:				
1. Number of summently existing m	mamantias affacted by this ml	o.m.		
1. Number of currently existing proof of the following than one, then the following th				
separate page for each.	ig information must be prov	vided for each	ii sucii parcei, use a	
2 Address of property:				
3. Assessor's Map #:	Block #:		Lot #·	
4. Deed as recorded: Book #	Page	#		
5. Size of parcel, in acres:				
6. Owner of record:				
City/Town:		State:	Zip:	
Phone: Day	Evening	F	Tax	
7. Is the Owner: (check exactly o				
a. An individual?	,			
b. One or more individuals	s holding the property in so	me form of jo	oint tenancy?	
(if so, then all owners must	t sign)		·	
c. A trust, partnership, or o	corporation?			
(if so, a copy of the trust/pa	artnership/articles of corpor	ation demon	strating signatory	
authority is required)				
d. Other? Specify:				
(if so, then adequate docun	nentation is required to show	w that all ow	ners have legally	
agreed to this application)				
Attach additional sheets if a co-ow	vner is at a different address	, or if the co	ntact person for a	
partnership/trust/corporation is at a		,	1	
8. Applicant's name and addres		"same")		
Company:				
Owner's Street Address:				
City/Town:		_ State:	Zip:	
Phone: Day	Evening		Fax	
Applicant's E-mail:				

Subdivision Indine.	Subdivision Name:	
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If the applicant is not the owner, a Power of Attorney or similar document signed by all owners must be included. Request applicant file electronically; include plans and/or sketches in pdf. format to Planning @townsendma.gov

9. Engineering Firm:			
Name:			
Street Address:			
City/Town:		State:	Zip:
Phone: Day	Evening		Fax
Lead Engineer on this Project	:		
Lead Engineer E-mail:			
10. Attorney or Legal Representat	ive:		
Name:			
Firm Name:			
Street Address:			
City/Town:		State:	Zip:
Phone: Day	Evening		Fax
Attorney E-mail:			
11. Zoning District(s):12. Proposed number of lots:			
12. Proposed number of lots.			
13. Proposed length of road:			
14. Are there any wetlands on the pr	operty?		
15. Are there any adjacent properties	s that may be large	enough to h	e subdivided in the future?
	s that may be large	chough to b	o subdivided in the ideale.
16. Have you filed a stormwater man approval of a definitive plan of a sub-			d with this application for
17. The fee for Definitive Subdivision payable to "Town of Townsend".	on application is \$1	1,800 plus \$6	600 per lot. Make check

18. In addition, the Board requires an initial consulting fee of \$10,000. Any unused balance will be refunded upon written request at the completion of the project.

This application must be signed by all owners and applicants. If the property is owned jointly, all owners must sign. If the ownership or applicant is an entity such as a partnership, trust, or corporation, certified documentation demonstrating signatory authority is required. Attach additional sheets, if necessary.

Page 3 of 4	Subdivision Name:
I/we hereby information availab	certify that the information provided herein is true and correct based on all le to me.
	and that the Planning Board may require additional information and additional sciated with processing this application.
•	the information provided or presented by me or my representatives may be cause for of a favorable decision.
I/we may be similar document m	represented by counsel or engineer at my/our expense. A written power of attorney or ust be provided.

_ I/we am/are responsible for all other applications, permits and approvals that may be required by

Please photocopy this page if need	for notarizing individual signatures.	
Date:		
Owner(s): (1)	(2)	
(Print Name)	(Print Name)	
(Signature)	(Signature)	
Date:		
Applicant(s): (1)(Print Name)	(2)(Print Name)	
(Signature)	(Signature)	
Date:		
Engineer(s):(Print Name)		
(Signature)	(Surveyor's Stamp)	
NOTARY STATEMENT:		
	LTH OF MASSACHUSETTS County	
	, 20, before me, the undersigned Notary, and proved to me through satisfactory	
to be the person(s) whose name(s) is (are) sig	ned on the preceding or attached document, and untarily for its stated purpose, in my presence.	
	Notary Public Signature	
Notary Stamp	My Commission Expires	