



FORM C APPLICATION FOR A DEFINITIVE SUBDIVISION PLAN

Subdivision Name				
Assessor Parcel ID		Norfolk County Registry of Deeds	Book/Page or Certificate #	
Parcel Location		Status of existing way	<input type="checkbox"/> Public Way <input type="checkbox"/> Private Way	Zoning
Parcel Size (sq.ft.)		Total proposed lots		
Preliminary plan filed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date prelim. Approved	____/____/____	
Any portion within a Wetland Resource Area?	<input type="checkbox"/> Yes _____sq ft <input type="checkbox"/> No	Any portion within a Flood Plain or Wetland?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed New Way #1 to be used as frontage		<input type="checkbox"/> Public Way <input type="checkbox"/> Private Way	Est Length	
Proposed New Way #2 to be used as frontage		<input type="checkbox"/> Public Way <input type="checkbox"/> Private Way	Est Length	

Applicant				
Contact person				
Address				
Address2				
Phone		Email		

Check if Applicant is equitable owner (purchaser on a purchase and sales agreement)

Surveyor				
Contact person				
Address				
Address2				
Phone		Email		

Engineer				
Contact person				
Address				
Phone		Email		

If property owner is not the Applicant, authorization from the owner is required

Property Owner			
Address			
Address2			
Phone		Email	

The undersigned submits the accompanying Definitive Plan of property located in the Town of Randolph for approval as a subdivision as permitted under the Subdivision Control Law of the Commonwealth of Massachusetts and the Rules and Regulations Governing the Subdivision of Land by the Planning Board.

I hereby certify, under the pains and penalties of perjury, that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I agree to abide by the Rules and Regulations Governing the Subdivision of Land and complete construction of the subdivision in accordance with said rules and the approved Definitive Subdivision Plan.

Applicant

Printed Name

Date

Property Owner (if not the Applicant)

Printed Name

Date

Agent/Representative

Printed Name

Date

PLANNING OFFICE USE ONLY

Date stamped by Town Clerk _____

Definitive Subdivision Filing Fee Paid AMT: _____ Check # _____

Plan Review Fee Deposit AMT: _____ Check # _____

Items Received: Application Print Copies Digital File Drainage Calculations

Designer Certificate Other _____

Notes: _____

Planning Staff