



Town Of Ashburnham Planning Board

FORM C1
Request for
MODIFICATION TO SUBDIVISION PLAN

Date: _____

Definitive Subdivision

OSRD

To: The Planning Board
Town of Ashburnham, Massachusetts

The undersigned hereby requests modification to an approved subdivision shown on a plan entitled:

dated _____, and approved on _____

Record owner as of _____
Date

Name of owner

Signature of Owner

All modifications require back up material to support request for modification. Modifications may require review by Planning Board consulting engineer, expense to be borne by applicant.

Major Modifications will require a public hearing and must meet the requirements of M.G.L. Chapter 41, §81W and Planning Board Rules & Regulations or Open Space Residential Development Special Permit Regulations.

Planning Board to determine modification type.

Subdivision modification applications shall be accompanied by a filing fee, per the Planning Board's Fee Schedule Regulations.

For Planning Board Use Only	
___ Major Modification	___ Minor Modification
Date Recieved _____	Fee _____
Comments:	Paid: Yes ___ No ___