



Town Of Ashburnham Planning Board

FORM C

DEFINITIVE SUBDIVISION PLAN

Date: _____

To: The Planning Board
Town of Ashburnham, Massachusetts

The undersigned applicant being the owner, agent or representative of the owner of all the land included within the proposed subdivision shown on the plan which is:

1. Applicant FAX: _____

Name: _____ Tel: _____

Company: _____

Mailing Address: _____

Signature: _____

2. Owner (if same as applicant, write "same") FAX: _____

Name: _____ Tel: _____

Company: _____

Mailing Address: _____

Signature: _____

If the applicant is not the owner then the requirements of § 3.2.8 of the Ashburnham Planning Board Rules and Regulations are required for submittal.

3. Attorney or Legal Representative FAX: _____

Name: _____ Tel: _____

Company: _____

Mailing Address: _____



Continued on reverse

4. **Engineer, Designer or Architect**

FAX: _____

Name: _____ Tel: _____

Company: _____

Mailing Address: _____

Entitled: _____

Prepared By: _____

Dated: _____,

Number of Lots Proposed: _____, Total Acreage: _____

Hereby submits said plan as a Definitive Subdivision Plan in accordance with the Rules & Regulations of the Ashburnham Planning Board and makes application to the Board for approval of said plan.

The owners title to the land is derived under deed dated _____, and recorded in Registry of Deeds, Book _____, Page _____ and Assessors' Map _____, Parcel _____

Are there any wetlands within this tract of land? Yes ___ No ___

The owner/applicant owns adjacent land? Yes ___ No ___

Number of proposed lots: _____, Total Acreage of tract: _____

Said plan HAS / HAS NOT evolved from a Preliminary Subdivision Plan submitted to the Planning Board on _____ and APPROVED: WITH MODIFICATIONS / DISAPPROVED
(Circle one)

on _____.

Location and description of property:

| |
|--|
| <p>Application Received Planning Board</p> <p>Amount: _____ Receipt #: _____ Stamp/Initial</p> |
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| <p>Application Received Board of Health</p> <p>Stamp/Initial</p> |
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|---|
| <p>Application Received Town Clerk</p> <p>Stamp</p> |
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