



Planning Board  
856 Main Road  
Westport, MA 02790

www.westport-ma.com  
planning@westport-ma.gov

Tel: (508) 636-1037  
Fax: (508) 636-1031

**Form C**

Application No. \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR APPROVAL OF DEFINITIVE SUBDIVISION PLAN**

To the Planning Board of the Town of Westport, Massachusetts:

The undersigned, being the applicant as defined under M.G.L., Chapter 41, Section 81-L, for approval of a proposed subdivision shown on plan entitled:

by \_\_\_\_\_  
and dated \_\_\_\_\_ and described as follows: located: \_\_\_\_\_,  
number of lots proposed \_\_\_\_\_, total acreage of tract \_\_\_\_\_, hereby submits said plan as a DEFINITIVE plan in accordance with the Rules and Regulations of the Town of Westport Planning Board and makes application to the Board for approval of said plan.

The undersigned's title to said land is derived from \_\_\_\_\_,  
by deed dated \_\_\_\_\_ and recorded in the Bristol County Southern District Registry of Deeds in Book \_\_\_\_\_, Page \_\_\_\_\_, registered in the Bristol County Southern District Registry of Land Court, Certificate of Title No. \_\_\_\_\_; and said land is free of encumbrances except for the following:

Said plan has ☐/has not ☐ (check one) evolved from a preliminary plan submitted to the Board on \_\_\_\_\_ (date) and approved (with modifications) ☐/disapproved ☐ on \_\_\_\_\_ (date).

The undersigned hereby applies for the approval of said DEFINITIVE plan by the Board, in belief that the plan conforms to the Board's Rules and Regulations and further agrees not to commence any work on site until the application's statutory approval period has lapsed.

Applicant's signature \_\_\_\_\_  
Applicant's address \_\_\_\_\_

*Received by Town Clerk*

Applicant's phone # \_\_\_\_\_  
Applicant's e-mail \_\_\_\_\_

Owner's signature and address if not the applicant  
or the applicant's authorization if not the owner.

FORM C  
PAGE TWO

Board of Health - Receipt of Definitive Subdivision Plan

A copy of the PLAN entitled \_\_\_\_\_ dated \_\_\_\_\_ for  
\_\_\_\_\_ was received by the Westport Board of Health:

Date \_\_\_\_\_

Time \_\_\_\_\_

Signature \_\_\_\_\_

FORM C  
PAGE THREE

Checklist of items to be submitted with application as required by Westport Planning Board Rules and Regulations.

1. Form C Application
2. Application fees:  
Amount submitted: \$ \_\_\_\_\_
3. Original Plan: # sheets \_\_\_\_\_
4. Copies of Plan: (3) 24" x 36" copies \_\_\_\_\_  
(12) 11" x 17" copies \_\_\_\_\_
5. Engineering Stormwater Calculations
6. Form D.
7. Owner's signed and notarized authorization letter that Applicant may act upon owner's behalf, if applicant is not the owner.