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Planning Board
856 Main Road
Westport, MA 02790

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FEB 9 2021

WESTPORT
PLANNING BOARD

Tel: (508) 636-1037

Fax: (508) 636-1031

Form C

Application No. 21-001C

APPLICATION FOR APPROVAL OF DEFINITIVE SUBDIVISION PLAN

Date September 28, 2020

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: _____

Isidoro Court

by SITEC, Inc.

and dated 9/28/20 and described as follows: located: west side Fisher Road, number of lots proposed 2, total acreage of tract 4.3, 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 Anthony Medeiros & Barbara A. Medeiros, by deed dated December 18, 2006 and recorded in the Bristol County Southern District Registry of Deeds in Book 8611, Page 120, 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.

Received by Town Clerk
Westport, Massachusetts

Date _____

Time _____

Signature _____

Applicant's signature Anthony Medeiros

Applicant's address _____

93 Fisher Road

Westport, MA 02790

Applicant's phone # _____

Applicant's e-mail 508 636 5943 or 508 264-2939

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

Medeiros Irrevocable Trust

4 Raleigh Road

Holliston, MA 01746

Almerinda Isidoro

Please note: All information should be typed, or printed legibly, not handwritten.

FORM C
PAGE TWO

Received by the Westport Board of Health

Date _____

Time _____

Signature _____

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

1. Form C Application
2. Application fee:
Amount submitted: \$ 1,400.00
3. Original Plan: # sheets _____
4. Copies of Plan: # copies _____
5. Engineering 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.