

Planning Board 856 Main Road Westport, MA 02790

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

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

	Date
Application No	Date
APPLICATION FOR APPROVAL OF I	DEFINITIVE SUBDIVISION PLAN
To the Planning Board of the Town of Westport, M	assachusetts:
The undersigned, being the applicant as defined a approval of a proposed subdivisi	ion shown on plan entitled:
by	
and dated and described as follows: local number of lots proposed, total acreage of as a DEFINITIVE plan in accordance with the Ru Planning Board and makes application to the Board	of tract, hereby submits said plan les and Regulations of the Town of Westport
The undersigned's title to said land is derived from	eed dated and
recorded in the Bristol County Southern District R registered in the Bristol County Southern District R; and said land is free of encumbrances exc	egistry of Deeds in Book, Page, tegistry of Land Court, Certificate of Title No.
Said plan has / has not / (check one) evolved fron (date) and approved (with modifications)	
The undersigned hereby applies for the approval of that the plan conforms to the Board's Rules and Re any work on site until the application's statutory ap	egulations and further agrees not to commence
Applicant's signature	
Applicant's address	
	– –
Applicant's phone #	– Received by Town Clerk –
Applicant's phone # Applicant's e-mail Owner's signature and address if not the applicant	– — Received by Town Clerk – –

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 Ap	plication

2.	Application fees:	
	Amount submitted:	\$

- 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.