

FORM C

APPLICATION FOR APPROVAL
OF DEFINITIVE PLAN

File properly completed and executed forms, plans, fees, etc. with the Planning Board, Board of Health, Police Chief, Fire Chief, Superintendent of Public Works, Conservation Commission, Board of Selectmen, Stoughton Post Office, and any abutting Towns (if applicable), the Town Clerk, in accordance with the requirements of Sections III, IV, and V of these regulations.

Stoughton, Mass. _____

To the Planning Board:

The undersigned herewith submits the accompanying Definitive Plan of property located in the Town of Stoughton for approval as a subdivision under the requirements of the Subdivision Control Law and the Town of Stoughton Land Subdivision Regulations.

1. Name of
Owner _____

Address _____

Phone _____ Fax _____

2. Name of
Applicant _____

Address _____

Phone _____ Fax _____

3. Name of
Engineer _____

Address _____

Phone _____ Fax _____

4. Name of
Surveyor _____

Address _____

Phone _____ Fax _____

5. Deed or Property recorded in _____ Registry,

Book _____ Page _____

6. Location and Description of Property:

The following are all the mortgages and other liens or encumbrances on the whole or part of the above described property:

(list mortgages, etc. here)

The undersigned hereby covenants and agrees with the Town of Stoughton upon approval of the Definitive Plan:

1. To completely construct the ways, install all of the municipal services and complete all other improvements (including loaming and seeding) as shown on the approved plans, satisfy all of the conditions of approval, and satisfy all requirements of the Town of Stoughton Land Subdivision Regulations within 4 years from the date of the Planning Board approving the subdivision.

2. At the laying out and acceptance of said ways, all municipal services within the ways and easements will become the property of the Town of Stoughton at no cost to said Town, unless otherwise agreed upon.

This agreement shall be binding upon the heirs, executors, administrators, successors and assignees of the undersigned.

Signature of Record Owner _____

Address _____