

**FORM C  
PLANNING BOARD  
TOWN OF GREENFIELD, MASSACHUSETTS**

**APPLICATION FOR APPROVAL OF A DEFINITIVE PLAN**

Date: \_\_\_\_\_

To the Planning Board of the Town of Greenfield:

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

by: \_\_\_\_\_ dated: \_\_\_\_\_ and described as follows: \_\_\_\_\_

located: \_\_\_\_\_

number of lots proposed: \_\_\_\_\_ total acreage of tract: \_\_\_\_\_, hereby submits said plan as a Definitive subdivision plan in accordance with the Rules and Regulations of the Greenfield 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 Franklin County Registry of Deeds Book \_\_\_\_\_, Page \_\_\_\_\_, registered in the \_\_\_\_\_ Registry District of the Land Court, Certificate of Title No. \_\_\_\_\_; and said land is free of encumbrances except for the following: \_\_\_\_\_

Said plan has ( ) has not ( ) evolved from a preliminary plan submitted to the Planning Board on \_\_\_\_\_, 20 \_\_\_\_\_ and approved ( ) approved with modifications ( ) disapproved ( ) on \_\_\_\_\_, 20 \_\_\_\_\_.

Assessor's Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Required Frontage: \_\_\_\_\_ Required Lot Area: \_\_\_\_\_

Applicant: \_\_\_\_\_  
applicant

Owner's signature and address if not the

Applicant's Address: \_\_\_\_\_

or applicant's authorization if not the owner:

Applicant's Signature: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Received by Town Clerk:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Received by Board of Health:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Appropriate Filing Fee Received:

\$500 application fee and \$100.00 per lot if preliminary plan approved

\$1250.00 application fee and \$200.00 per lot if no preliminary plan submitted

# of Lots: \_\_\_\_\_ Fee: \_\_\_\_\_