



**TOWN OF DIGHTON**  
**PLANNING BOARD**  
**979 SOMERSET AVENUE**  
**DIGHTON, MA 02715**

**PETITIONER:**

NAME:

ADDRESS:

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LOCATION (from Assessors' Office)

PLAT AND

LOT NOS.

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PRESENT

First Record Date

ZONING

Planning Board Use Only

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DATE OF THIS

File:

DOCUMENT

Title:

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**FORM C**  
**APPLICATION FOR APPROVAL OF DEFINITIVE SUDIVISION PLAN**

File three (3) completed copies of this application. One (1) copy with the Planning Board, one (1) copy with the Town Clerk and one (1) copy with the Board of Health in accordance with the Rules and Regulations Governing Subdivisions.

To the Dighton Planning Board:

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

by \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_\_\_ 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 Dighton 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 District

Registry of Deeds Book \_\_\_\_\_, Page \_\_\_\_\_, registered in the Bristol County

Registry District of the Land Court, Certificate of Title No. \_\_\_\_\_; and said land is free of

encumbrances except for the following: \_\_\_\_\_

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

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.

Received by the Planning Board

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

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

Payment Received: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_

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

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

Applicant's Email: \_\_\_\_\_

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

Received by the Town Clerk

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

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

Payment Received: \_\_\_\_\_

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

Owner's name, address and signature for authorization (if other than applicant)

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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

Owner's Phone#: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

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

Received by the Board of Health

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

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

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

Checklist of items to be submitted with application.

1.  Application Form (x3) and any other required forms on file with the Board
2.  Plans (4 Prints) & electronic version in .pdf format
3.  Statements as required in Sections 3330 & 3340
4.  Application Fee (please refer to Fee Schedule)
5.  Project Review Fee (please refer to Fee Schedule) & completed W-9
6.  Certified Abutters List (obtained from the Assessor's Office)
7.  Tax Status Application Form
8.  Form M Receipt for Subdivision Plan

Note: The above checklist is only a recommendation. None of the above items can be required unless specifically required by the Planning Board's Rules and Regulations.