



**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-1**

**APPLICATION FOR MODIFICATION, RESCISSION OR AMENDMENT 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 authorized applicant(s) or owners(s) of all the land shown on the accompanying approved Definitive Subdivision plan entitled: \_\_\_\_\_

dated \_\_\_\_\_, \_\_\_\_\_ revised through: \_\_\_\_\_, \_\_\_\_\_ drawn by \_\_\_\_\_ and consisting of \_\_\_\_\_ pages. Date

of Planning Board Approval: \_\_\_\_\_, \_\_\_\_\_, Endorsed: \_\_\_\_\_, 20 \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Number of Lots \_\_\_\_\_ hereby submits this Application for a  Modification  Rescission or  Amendment of an Approved Subdivision Plan.

The Modification is described as follows: \_\_\_\_\_

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All prior conditions of approval shall remain in full force and effect until such time as they are met. Pursuant to Massachusetts General Laws, Chapter 41, Section 81-W, this

Modification/Rescission/Amendment shall take effect when: (1) the plan as originally approved or a copy thereof, and a certified copy of the vote of the Planning Board making such Modification/Rescission/Amendment or change, and any additional plan referred to in such vote, have been recorded, (2) an endorsement has been made on the plan originally approved as such vote is indexed in the grantor index under the names of the owners of record of the land affected. If a proposed Modification will result in changes to the Definitive Plan, the Plan submission requirements for a Definitive Plan shall be followed.

List all mortgage holders of the land: \_\_\_\_\_

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The cost of recording shall be at the expense of the applicant in the case of Amendment or Modification.

Permission of the owners affected by any changes to the subdivision plan and of the mortgage holders must be obtained.

The Amendment/Modification/Rescission of the approval of this plan shall not affect the lots in the subdivision which have been sold or mortgaged in good faith and for valuable consideration or any rights appurtenant thereto without the consent of the owner of such lots, and of the holder of the mortgage or mortgages if any, thereon. Written consent from said owners and mortgages, if any, is attached hereto.

\*Attach a list of lot owners and their addresses.

To the best of my knowledge the information submitted herewith is complete and accurate.

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)
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.