

## FORM P

### APPLICATION FOR APPROVAL OF A SITE PLAN

To the Franklin Planning Board:

The undersigned, herewith, submits the accompanying Site Plan entitled  
“\_\_\_\_\_” for approval under the provisions of the Zoning By-  
Laws of the Town of Franklin covering Site Plans.

1. Name of Applicant: \_\_\_\_\_  
Address of Applicant: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name of Owner (if not the Applicant): \_\_\_\_\_  
Address of Owner: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name of Engineer: \_\_\_\_\_  
Address of Engineer: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_
4. Deed of Property recorded with Norfolk Registry of Deeds in  
Book\_\_\_\_\_, Page\_\_\_\_\_, (or Certificate of Title No.\_\_\_\_\_)
5. Location and Description of Property:  
\_\_\_\_\_  
\_\_\_\_\_  
  
Square Footage of Building(s) \_\_\_\_\_  
Assessor's Map\_\_\_\_\_ Lot \_\_\_\_\_
6. Purpose of Site Plan: \_\_\_\_\_  
\_\_\_\_\_
7. List of Waivers Requested (if any): Attach Form R for each waiver

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name of Owner

## CERTIFICATE OF OWNERSHIP

I the undersigned Applicant, do hereby certify to the Town of Franklin, through its Planning Board, that all parties of interest to the below-listed plan are identified in Section B: below,

### SECTION A:

Title of Plan: \_\_\_\_\_

Date of Plan: \_\_\_\_\_ Assessor's Information: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Type of Plan:            81-P;   Prelim.;   Def.;   Site Plan

### SECTION B:

Name of Record Owner(s): \_\_\_\_\_

Address of Record Owner(s): \_\_\_\_\_

\_\_\_\_\_

\*If in the name of a Trust, Corporation or Partnership, list the names and addresses of all Trustee(s), Corporate Officer(s) or Partner(s):

\_\_\_\_\_

\*If in the name of a Trust or Corporation, list the Beneficiary(ies) of the Trust or the Shareholder(s) of the Corporation: \_\_\_\_\_

\*If in the name of a Trust or Corporation, list the date, county, book and page of recording of the Trust Instrument, or the date and State of incorporation: \_\_\_\_\_

\_\_\_\_\_

Executed as a sealed instrument this            day of            20

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print name of Owner

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_ ss.

20\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (*name of Applicant*), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_ to be the person whose name is signed on the preceding document in my presence.

\_\_\_\_\_  
(*Official signature and seal of notary*)

Notary Public:

My Commission Expires: \_\_\_\_\_