FORM P

APPLICATION FOR APPROVAL OF A SITE PLAN

To the Franklin Planning Board:

The undersigned, herewith, submits the accompanying Site Plan entitled "Site Development Plans for 25 Forge Parkway" for approval under the provisions of the Zoning By-Laws of the Town of Franklin covering Site Plans.

1.	Name of Applicant: IMC Holdings & Development 2 LLC
	Address of Applicant: 24 William Way, Bellingham, MA 02019
	Phone No.: 774-295-4201 Email: mclark@gssgi.com
2.	Name of Owner (if not the Applicant): Same as applicant
	Address of Owner:
	Phone No.: Email:
3.	Name of Engineer: Allen & Major Associates, Inc.
	Address of Engineer: 400 Harvey Road, Manchester, NH 03103
	Phone No.: 603-627-5500 Email: smayer@allenmajor.com
4.	Deed of Property recorded with Norfolk Registry of Deeds in Book, (or Certificate of Title No. 205229)
5.	Location and Description of Property: 25 Forge Parkway. Existing 18,619 SF office building with 50 parking spaces
	Square Footage of Building(s) Assessor's Map 275 Lot 014
5.	Purpose of Site Plan: To construct a 16,000 SF high bay building addition, 17 additional parking spaces and contractor yard.
7.	List of Waivers Requested (if any): Attach Form R for each waiver
Signat	ure of Applicant Mothew Clark Print Name of Applicant
Signat	Mathw Clark 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: Site Development Plans for 25 Forge Parkway			
Date of Plan:Assessor's Information: 275-014-000-000			
Prepared by: Allen & Major Associates, Inc.			
Type of Plan: 81-P; Prelim.; Def.; Site Plan			
SECTION B:			
Name of Record Owner(s): TMC Holdings & Development 2 LLC			
Address of Record Owner(s): 24 William Way			
Bellingham, MA 02019			
*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 16th day of February 20 23 Mathiw Clark			
Signature of Applicant Print name of Applicant			
Signature of Owner Print name of Owner			

COMMONWEALTH OF MASSACHUSETTS

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20**23**

On this 16th day of Laboratory public, personally appeared Mythas Clark 265, before me, the undersigned notary _ (name of Applicant), proved to me through satisfactory evidence of identification, which were MA Divis Guise to be the person whose name is signed on the preceding document in my presence.

> MARIE A. HOBSON Official signature and Holf Commonwealth of Massachusens
> Notary Public:
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> Notary Public:
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> A Hobson
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> Official signature and Holf Commonwealth of Massachusens
> Notary Public:
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> My Commission Expires
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> My Commission Expires