

FORM C-1
APPLICATION FOR APPROVAL OF MODIFICATION PLAN

To the Planning Board of Franklin:

The undersigned, herewith, submits the accompanying modification of a Definitive subdivision entitled: “_____” for approval under the requirements of the Subdivision Control Law and your rules and regulations covering the subdivision of land.

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 reference at Norfolk Registry of Deeds: Book _____,
Page _____ (or Certificate of Title No.: _____)
5. Location and Description of Property: _____
_____ (Assessor's Map & Lot: _____)
6. No. of Lots: _____
7. Purpose for modifying the definitive plan: _____

Signature of Applicant

Print Name of Applicant

Signature of Owner

Print Name of Owner

An Assessor's certified list of all abutters within 300 feet of this subdivision is attached.

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:_____