

FORM P

APPLICATION FOR APPROVAL OF A LIMITED SITE PLAN

To the Franklin Planning Board:

The undersigned, herewith, submits the accompanying Limited Site Plan entitled “_____” for approval under the provisions of the Zoning By-Laws of the Town of Franklin Section §185-31.1.D covering Limited 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 Owner: _____
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: _____