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APPLICATION FOR APPROVAL OF DEFINITIVE PLAN

File complete submissions with the Town Clerk, the Board of Health and in accordance with the requirements of Section 6:02.

To the Planning Board:

The undersigned herewith submits the accompanying Definitive Plan of property located in the Town of Williamsburg for approval as a subdivision under the requirements of the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land of the Planning Board in the Town of Williamsburg. The undersigned applicant also certifies that all plans and additional materials required under the above rules and regulations are included with this submission.

1. Applicant_____

	Print or type name	Signature
	Address	Phone
Owner		
	Print or type name	Signature
	Address	Phone
Engineer_		
-	Print or type name	Signature
	Address	Phone
Surveyor_		
	Print or type name	
	Address	Phone
	Property Recorded in H Book,	ampshire County Registry Page

6. Location and Description of Property:

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The following are all the mortgages and other liens or encumbrances on the whole or any part of the above described property:

The undersigned hereby covenants and agrees with the Town of Williamsburg upon approval of the Definitive Plan:

1. To construct the ways and install the services as finally approved by the Planning Board.

2. To design and construct the ways and design and install the utilities in accordance with the Rules and Regulations Governing the Subdivision of Land, Town of Williamsburg, Massachusetts, with the rules and instruction of the Board of Health, appropriate department heads, and with the Definitive Plan and its accompanying material as finally approved by the Planning Board.

This agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.

Owner	of	Record
OWITET	ΟL	NECOLU

Print or type name

Signature

Address

Phone

Before me appeared______, Owner of Record, and made oath that the above statements subscribed to him/her are true.

> Notary Public:_____ Commission Expires:_____

Date of Submission:

Town Clerk:_____

Signature

Note: Complete Form D and attach.