

**TOWN OF MIDDLEFIELD PLANNING BOARD**  
**FORM C: Application for Approval of a Definitive Subdivision Plan**

DATE \_\_\_\_\_

**NOTE:** File a complete application form with the Board of Health, Conservation Commission, Board of Selectman, and Road Superintendent and fee (see Section 9 of Middlefield Subdivision Rules and Regulations), plus six (6) prints of the plans with the Planning Board. Include with the application to the Planning Board all other necessary and supporting information and documentation. In accordance with MGL c.41 Section 81U, the applicant shall file one (1) print of the plans, application form, and appropriate fee directly to the Board of Health. This procedure is according to Section 5.2 of the Code of the Town of Middlefield (Subdivision Regulations).

To the Planning Board:

The undersigned submits the accompanying Definitive Plan of a subdivision of property located in the Town of Chesterfield for approval as allowed under the Subdivision Control Law, M.G.L. Chapter 41§ 81L, Subdivision Control Law, and the Rules and Regulations governing the Subdivision of Land in Chesterfield, Massachusetts.

**1. Application Information**

**Address of Property Location:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Status of Applicant: Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Contract Purchaser \_\_\_\_\_ Other \_\_\_\_\_

Owner (if different from applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Engineer:** \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Surveyor:** \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Property Information**

Address: \_\_\_\_\_

Assessor Identification: Map #, \_\_\_\_\_ Parcel # \_\_\_\_\_

Recorded in the Hampden Registry of Deeds: Book \_\_\_\_\_ Page \_\_\_\_\_

Location and description of property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Attach a copy of Form D and a list of the names and addresses of the abutters and property owners within 300 feet of this subdivision, as received from the assessor's office.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Title of Definitive Plan** \_\_\_\_\_

a. Was a preliminary plan submitted? Yes \_\_\_\_\_ No \_\_\_\_\_

b. If Yes, the preliminary plan this definitive plan evolved from was submitted to the Planning Board on (date) \_\_\_\_\_.

c. The Preliminary Plan was:

approved \_\_\_\_\_,

approved with modifications \_\_\_\_\_, or

disapproved \_\_\_\_\_.

d. Date of Planning Board decision on the preliminary plan \_\_\_\_\_.

This agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned owner or owners of record:

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

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

**FOR PLANNING BOARD USE ONLY**

1. Application, six (6) prints, filing fee, supporting documentation, received \_\_\_\_\_(Date)
2. Acknowledgment of receipt by Town Clerk \_\_\_\_\_(Date)
3. Reviews made by Town officers or consultants: (comments attached)  
Board of Health \_\_\_\_\_(Date)  
Highway Department \_\_\_\_\_(Date)  
Fire Department \_\_\_\_\_(Date)  
Conservation Commission \_\_\_\_\_(Date)  
Engineering Consultant \_\_\_\_\_(Date)  
Other \_\_\_\_\_(Date)  
Other \_\_\_\_\_(Date)
4. Form D received \_\_\_\_\_(Date)  
Approved by Town Assessor \_\_\_\_\_(Date)  
Abutters notified \_\_\_\_\_(Date)
5. Form E executed by Planning Board \_\_\_\_\_(Date)
6. Public Hearing held \_\_\_\_\_(Date)
7. Performance guarantee supplied \_\_\_\_\_(Date)
8. Planning Board action (see meeting minutes) \_\_\_\_\_(Date)  
Approved \_\_\_\_\_ Modified and approved \_\_\_\_\_ Disapproved \_\_\_\_\_
9. Original returned to applicant \_\_\_\_\_(Date)