

LAND SUBDIVISION – FORM B

**Application for Approval of a Preliminary Subdivision Plan
Planning & Economic Development Board - Town of Medway, MA**

INSTRUCTIONS TO APPLICANT/OWNER

This Application is made pursuant to the Medway Subdivision Rules and Regulations. Please complete this entire Application. Submit three signed originals of this Application, one copy of the Preliminary Subdivision Plan and one copy of the Development Impact Report to the Town Clerk who will date stamp all three Applications.

Submit two signed originals of this Application date stamped by the Town Clerk and one copy of the Preliminary Subdivision Plan to the Board of Health, which will date stamp the two Applications.

Provide one signed original of this Application date stamped by the Town Clerk and Board of Health, eight (8) copies of the Preliminary Subdivision Plan, all other required documents, and the appropriate Preliminary Plan Filing Fee and the advance of the Preliminary Plan Review Fee to the Planning & Economic Development office.

*The Board's Consultants will review the Application and Preliminary Subdivision Plan. You or your duly authorized Agent/Official Representative are expected to attend the Planning Board meeting at which your Application will be considered to answer any questions and/or submit such additional information as the Board may request.
Your absence may result in a delay the Board's review of the Preliminary Plan.*

_____, 20____

TO: *The Planning & Economic Development Board of the Town of Medway, MA*

The undersigned, being the Applicant as defined under Chapter 41, Section 81- L for approval of a Preliminary Subdivision Plan, herewith submits this Preliminary Subdivision Plan of property located in the Town of Medway and makes application to the Medway Planning & Economic Development Board for review of such Preliminary Subdivision Plan.

PRELIMINARY SUBDIVISION PLAN INFORMATION

Title: _____

Prepared by: _____

Of: _____

Plan Date: _____

PROPERTY INFORMATION

Location Address: _____

The land shown on the plan is shown on Medway Assessor's Map # _____ Parcel # _____

Total Acreage of Land to be Divided: _____

General Description of Property: _____

Medway Zoning District Classification: _____
Frontage Requirement: _____ Area Requirement: _____

Scenic Road

Does any portion of this property have frontage on a Medway Scenic Road?
____ Yes ____ No If yes, please name street: _____

Wetlands

Is any portion of the property within a Wetland Resource Area? ____ Yes ____ No

Groundwater Protection

Is any portion of the property within a Groundwater Protection District? ____ Yes ____ No

Flood Plain

Is any portion of the property within a Flood Plain? ____ Yes ____ No

The owner's title to the land that is the subject matter of this application is derived under deed from: _____ to _____ dated _____ and recorded in Norfolk County Registry of Deeds, Book _____ Page _____ or Land Court Certificate of Title Number _____, Land Court Case Number _____, registered in the Norfolk County Land Registry District Volume _____, Page _____.

SUBDIVISION INFORMATION

Subdivision Name: _____

This is a: ____ Residential Subdivision ____ Non-Residential Subdivision

The plan shows the division of land into ____ building lots numbered _____ and ____ parcels not intended for building thereon.

The plan shows the following **existing** ways that are being proposed as lot frontage:

_____ as frontage for lot(s) _____

_____ as frontage for lot(s) _____

The plan shows the following **proposed new** ways that are being proposed as lot frontage:

_____ as frontage for lot(s) _____

_____ as frontage for lot(s) _____

_____ as frontage for lot(s) _____

Total Length of Proposed New Roadway(s) _____

Are the new roads proposed to be public or private ways?

____ Public ____ Private

Proposed Utilities:

____ Water ____ Well

____ Sewer ____ Septic

APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Address: _____

Name of Primary Contact: _____

Telephone: _____ FAX: _____

Email address: _____

____ Please check here if the Applicant is the equitable owner (*purchaser on a purchase and sales agreement.*)

PROPERTY OWNER INFORMATION (if not applicant)

Property Owner Name: _____

Address: _____

Primary Contact: _____

Telephone: _____ FAX: _____

Email address: _____

CONSULTANT INFORMATION

ENGINEER: _____

Address: _____

Primary Contact: _____

Telephone: _____ Fax: _____

Email address: _____

SURVEYOR: _____

Address: _____

Primary Contact: _____

Telephone: _____ Fax: _____

Email Address: _____

OFFICIAL REPRESENTATIVE INFORMATION

Name: _____
Address: _____

Primary Contact: _____
Telephone: _____ Fax: _____
Email address: _____

SIGNATURES

I hereby certify, under the pains and penalties of perjury, that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. (If applicable, I hereby authorize _____ to serve as my Agent/Official Representative to represent my interests before the Medway Planning & Economic Development Board with respect to this Preliminary Subdivision Plan application.) In submitting this application, I authorize the Board, Town staff and agents, and members of the Open Space Committee and Design Review Committee to access the site during the plan review process.

Signature of Property Owner _____
Date

Signature of Applicant (if other than Property Owner) _____
Date

Signature of Agent/Official Representative _____
Date

PRELIMINARY SUBDIVISION PLAN FEES

*Preliminary Subdivision Plan Filing Fee - \$750
Advance on Plan Review Fee - \$750*

Submit 2 separate checks each made payable to: Town of Medway

Fees approved 9-9-08

Date Form B and Preliminary Subdivision Plan Received by Planning & Economic Development office: _____

Preliminary Subdivision Plan Filing Fee Paid: Amount: _____ Check # _____

Advance on Plan Review Fee Paid: Amount: _____ Check # _____

Date Form B & Preliminary Subdivision Plan Received by Board of Health Date Form B & Preliminary Subdivision Plan Received by Town Clerk

PRELIMINARY SUBDIVISION PLAN SUBMITTAL DOCUMENTS CHECKLIST

Town Clerk

- _____ One (1) signed original Preliminary Plan Application – Form B
- _____ One (1) copy of Preliminary Subdivision Plan
- _____ One (1) copy of the Development Impact Report – Form F

Board of Health

- _____ One (1) signed original Preliminary Plan Application – Form B
- _____ One (1) copy of Preliminary Subdivision Plan

Planning & Economic Development Board

- _____ One (1) signed original Preliminary Plan Application date stamped by Town Clerk & Board of Health
- _____ Eight (8) full size Copies of Preliminary Subdivision Plan prepared in accordance with Section 4.7 of the *Subdivision Rules and Regulations*
- _____ Electronic Version of the Preliminary Subdivision Plan – pdf or disk.
- _____ Certified Abutters List – Form E
- _____ One (1) copy of the Development Impact Report – Form F
- _____ Preliminary list of expected Waiver Requests
- _____ Preliminary Subdivision Plan Filing Fee (\$750) – Payable to Town of Medway
- _____ Advance of Plan Review Fee (\$750) – Payable to Town of Medway

Revised – July 8, 2011