

CITY OF FRANKLIN
SUBDIVISION APPLICATION

Location of Proposed Subdivision: _____ All Map #: _____
Parcel ID (Map/Lot #): _____ Zoning of Parcel: _____

Applicant

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Owner of Record

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Applicant's Agent/Engineer

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Other (if Applicable)

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Subdivision Proposal, Please explain: _____

Information:

Number of Proposed Lots: _____
Frontage on What Road(s): _____

Services Available: Sewer ☐ Municipal ☐ Septic ☐ Water ☐ Municipal ☐ Well ☐

Non-Municipal Services Proposed/Available, Explain: _____

Site in Acres _____ Developable Acres _____
Buildable Area _____ Unbuildable Area _____

Are waiver's requested, and if so, please fill out attached Waiver Request sheet: ☐ Yes ☐ No

Zoning Board Approvals Granted: ☐ Variance ☐ Special Exception ☐ Other ☐ None

Please Explain: _____
Dates Granted: _____

Does this submission represent an amended plan: ☐ Yes ☐ No

Date approval Granted: _____
Conditions of Approval: _____

Was a conceptual plan submitted to the Planning Board: ☐ Yes ☐ No

Date approval Granted: _____
Conditions of Approval: _____

Signature of Applicant: _____ Date: _____

For Office Use Only

Deadline Date: _____ Actual Date Submitted: _____

Meeting Date: _____

Amount Due Application: \$ _____

Amount Due Per Lot: \$ _____ \$ x _____ # of Lots being created

Amount Due Abutters: \$ _____ Total Number of Abutters: _____

Total Due: \$ _____

Amount Paid: \$ _____ How Paid: ☐ Cash ☐ Check # _____

Date Paid _____

Is the following information attached to this application:

- ☐ Abutter's List, complete with Name, Address, City, State, Zip and Map/Lot #;
- ☐ 16 Paper Prints of the Plan (4 Department Review Sheets/12 Member Sheets);
- ☐ Letter of Authorization from the Owner of Record; and,
- ☐ Waiver's List and explanation.

What Supportive Documentation was submitted: _____

Hearing Dates:	Outcome: