



Town of Oxford

325 Main Street
Oxford, Massachusetts
01540



FORM C – APPLICATION FOR APPROVAL OF A DEFINITIVE SUBDIVISION PLAN

Date: _____

The undersigned, being the applicant as defined by the Subdivision Control Law, M.G.L. c. 41 §81-L, requests approval of a definitive subdivision plan entitled: _____

Applicant: _____

Mailing Address: _____

Applicant's Phone Number: _____ E-mail Address: _____

Engineer and/or Surveyor: _____

Mailing Address: _____

Property Owner: _____

Mailing Address: _____

Property Information: Assessors Map # _____ Parcel # _____ Zoning Dist. _____

Property Address, location/description, for proper identification: _____

_____ Number of Lots Proposed _____

Deed to Property recorded in the Worcester District Registry of Deeds Book _____ Page _____

Applicant's Signature

Owner's Signature

INSTRUCTIONS: Complete three (3) copies of this application form. Deliver one complete form with a copy of the plan, all required supporting documentation, and the proper filing fee to the Planning Board at a regularly scheduled meeting or by certified mail to the Planning Board Office at the above address. Deliver one complete form with a copy of the plan to the Board of Health Office at the above address. Give notice to the Oxford Town Clerk by delivery or certified mail to the above address that the plan has been submitted to and accepted by the Planning Board and include one complete form and a copy of the plan.

FILING FEE: \$250.00 plus \$20.00 per lot, but \$125.00 plus \$20.00 per lot when a preliminary plan for the land shown on the definitive plan had been filed no more than 7 months earlier.

NOTICE: *Oxford Planning Board meets on the second and fourth Monday of each month, at which time submission of this application may be made. To assure that your submission is placed on the agenda, you must notify the Planning Board Clerk before noon on the Wednesday prior to the meeting.*

FOR OFFICIAL USE ONLY

THIS PORTION TO BE COMPLETED BY THE PLANNING BOARD CLERK

Received by Planning Board: (Signature) _____	Date: _____	Time: _____
Received by Board of Health: (Signature) _____	Date: _____	Time: _____
Received by Town Clerk: (Signature) _____	Date: _____	Time: _____