



**Town of Burlington  
Planning Board  
25 Center Street, Burlington MA 01803  
Phone: 781-270-1645**

[http://www.burlington.org/community\\_development/planning.php](http://www.burlington.org/community_development/planning.php)

**FORM C  
APPLICATION FOR APPROVAL OF A DEFINITIVE SUBDIVISION**

To: The Planning Board  
Town of Burlington, Massachusetts

**Date:** \_\_\_\_\_

The undersigned applicant being the owner, agent or representative of the owner of all the land included within the proposed subdivision shown on the plan which is:

**Entitled:** \_\_\_\_\_,

**Prepared By:** \_\_\_\_\_,

**Dated:** \_\_\_\_\_, **Located:** \_\_\_\_\_,

**Shown on the Town's Assessor's Map(s):** \_\_\_\_\_ **as Parcel(s):** \_\_\_\_\_,

**Being land bounded as follows:** \_\_\_\_\_

\_\_\_\_\_  
**Number of Lots Proposed:** \_\_\_\_\_, **Total Acreage of Tract:** \_\_\_\_\_,

Hereby submits said plan as a Definitive Subdivision Plan in accordance with the Rules & Regulations of the Burlington Planning Board and makes application to the Board for approval of said plan.

The undersigned's title to the land being subdivided is:

**Derived from:** \_\_\_\_\_,

**By Deed Dated:** \_\_\_\_\_, **Recorded in the** \_\_\_\_\_

**District Registry of Deeds, Book:** \_\_\_\_\_, **Page:** \_\_\_\_\_. **OR**

**Registered in the:** \_\_\_\_\_ **Registry District of Land Court,**

**Certificate of Title No.:** \_\_\_\_\_; **and is free of encumbrances except for the following:** \_\_\_\_\_

Said plan HAS / HAS NOT evolved from a Preliminary Subdivision Plan submitted to the Planning Board on \_\_\_\_\_ and APPROVED: WITH MODIFICATIONS / DISAPPROVED (circle one)  
on \_\_\_\_\_.

*(Please PRINT)*

**1. Applicant** EMAIL\_\_\_\_\_

Name:\_\_\_\_\_ Tel:\_\_\_\_\_

Company: \_\_\_\_\_

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

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

**2. Property Owner** (if same as applicant, write "same") EMAIL:\_\_\_\_\_

Name:\_\_\_\_\_ Tel:\_\_\_\_\_

Company: \_\_\_\_\_

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

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

**3. Attorney or Legal Representative** EMAIL:\_\_\_\_\_

Name:\_\_\_\_\_ Tel:\_\_\_\_\_

Company: \_\_\_\_\_

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

**4. Engineer, Designer or Architect** EMAIL:\_\_\_\_\_

Name:\_\_\_\_\_ Tel:\_\_\_\_\_

Company: \_\_\_\_\_

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

## **FILING INSTRUCTIONS**

It is recommended that you call 781-270-1645 prior to filing an application to arrange a submission appointment with the Senior Planner

Upon completion of the application, file the following with the Planning Department:

- Completed original application and two copies (**all pages**)
- Completed Form D (Designer's Certificate)
- Twelve folded paper copies of the plan
- One set of submittal material and plans must also be in electronic pdf format
- A certified abutter's list obtained from the Town Assessor's Office with a completed Form "E" (abutters certification)
- Application Fee (Check or Money Order made payable to The Town of Burlington)

The Planning Department will stamp the application and the copies "received" and issue a receipt for the fee. The original application, both copies and two copies of the plan will be returned to you for filing with the Board of Health (copy of application and plans) and the Town Clerk (copy of application) .

The Board of Health will stamp the original application and both copies "received" and retain one copy of the application and the plans. The Town Clerk will then stamp the original application and one copy "received" retain the copy and return the original application to you which you will return to The Planning Department.

**Planning Department:** Application & Fee Received By (Stamp/Initial):

Amount: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**Town Clerk:**

Application Received By (Stamp/Initial):

**Board of Health:**

Application & Plans Received By (Stamp/Initial):