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# Forms

FORM A

APPLICATION FOR ENDORSEMENT OF PLAN BELIEVED  
NOT TO REQUIRE APPROVAL

Three copies of this form filled out and signed, should be included with the original and two copies of the plan in question.  
\* (Please type or print information in blanks below.)

Date of Submission: \_\_\_\_\_ (See Section 4.01)

To the Planning Board:

The undersigned, believing that the accompanying plan of his property in the Town of Essex does not constitute a subdivision within the meaning of the Subdivision Control Law, herewith submits said plan for a determination and endorsement that Planning Board approval under the Subdivision Control Law is not required.

Name of Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name of Surveyor: \_\_\_\_\_

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

Deed of Property recorded in Essex South District Registry of Deeds

Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

Location and Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List and Board of Appeals decisions pertaining to this site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason plan does not constitute a subdivision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

PLANNING BOARD APPROVAL UNDER THE SUBDIVISION CONTROL LAW NOT REQUIRED

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_ for the Essex Planning Board \_\_\_\_\_ 20\_\_

**EXHIBIT I**

**Application to Planning Board for a Special Permit  
(MGL Chap 40A, Section 9)**

**1. Address of property:** \_\_\_\_\_

**2. Map \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_** *(Information may be obtained at Assessor's office)*

**3. Name and mailing address of each applicant**

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

**4. The owner(s) record – If name of applicant differs from the owner of record a written option to purchase should be provided with the application**

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

**5. Registry of Deeds Information as recorded at the Southern Registry of Deeds**

Book \_\_\_\_\_ Page \_\_\_\_\_, or if registered in the Southern Registry District of Land Court,

Certificate Number \_\_\_\_\_, Book \_\_\_\_\_, Page \_\_\_\_\_.

**6. Name of Engineer (if applicable):**

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

**7. Name of Attorney or other representative (if applicable):**

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Name: \_\_\_\_\_, Address: \_\_\_\_\_

Phone: \_\_\_\_\_, Email: \_\_\_\_\_

**8. Describe proposed use or activity requiring a special permit (include documentation of proposed construction required pursuant to the Rules and Regulations Relating to Special Permits)**

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**9. I / We hereby request a hearing before the Town of Essex Planning Board, acting as the Special Permit Granting Authority.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant/Owner)

\_\_\_\_\_  
(Signature of Applicant/Owner)

**10.**

**The Commonwealth of Massachusetts**

\_\_\_\_\_, ss.

\_\_\_\_\_, 20\_\_\_\_\_.

Then personally appeared the above named and made oath and said that the foregoing statements and representations contained in the appeal, application or petition herein and attachments hereto, are true and accurate to the best of his/her/their knowledge, information and belief, before me.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**11.**

Received from the applicant, the sum of \$\_\_\_\_\_ for the special permit application.

\_\_\_\_\_  
Town Clerk

\_\_\_\_\_  
Date

FORM B

APPLICATION FOR APPROVAL OF PRELIMINARY PLAN

Two copies of this form along with two copies of Form C filled out and signed, should be included with the original and two copies of the preliminary plan. \* (Please type or print information in blanks below.)

Date of Submission: \_\_\_\_\_ (see Section 5.01)

To the Planning Board:

The undersigned herewith submits the accompanying Preliminary Plan of property located in the Town of Essex for approval as a subdivision under the requirements of the Subdivision Control law and the Rules and Regulations Governing the Subdivision of Land in the Town of Essex.

Name of Proposed Subdivision \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Name of Owner of Land: \_\_\_\_\_

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

Name of Engineer or Surveyor: \_\_\_\_\_

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

Deed of property recorded in Essex South District Registry of Deeds

Book No: \_\_\_\_\_ Page No. \_\_\_\_\_

Approximate acreage in subdivision: \_\_\_\_\_ Number of lots: \_\_\_\_\_

Location and Description of Property: \_\_\_\_\_

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

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

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

Votes For Approval \_\_\_\_\_ Votes For Approval with Modifications \_\_\_\_\_ Votes Against Approval: \_\_\_\_\_

Signed: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Signed: \_\_\_\_\_ for the Essex Planning Board \_\_\_\_\_ 20\_\_\_\_  
(Date of Vote)

\*See Section 5 of Essex Planning Board Rules and Regulations

APPLICATION FOR APPROVAL OF DEFINITIVE PLAN

Two copies of this form along with two copies of Form C filled out and signed, should be included with the original and copies of the definitive plan. \* (Please type or print information in blanks below)

Date of Submission: \_\_\_\_\_ (See Section 6.01)

To the Planning Board:

The undersigned herewith submits the accompanying Definitive Plan of property located in the Town of Essex for approval as a subdivision under the requirements of the Subdivision Control Law and the Rules and Regulations Governing the Subdivision of Land in the Town of Essex.

Name of Proposed Subdivision \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Name of Owner of Land: \_\_\_\_\_

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

Name of Engineer or Surveyor: \_\_\_\_\_

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

Deed of property recorded in Essex South District Registry of Deeds

Book No: \_\_\_\_\_ Page No. \_\_\_\_\_

Approximate acreage in subdivision: \_\_\_\_\_ Number of lots: \_\_\_\_\_

Location and Description of Property: \_\_\_\_\_

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

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

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

Votes For Approval \_\_\_\_\_ Votes For Approval with Modifications \_\_\_\_\_ Votes Against Approval \_\_\_\_\_

Signed: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Signed: \_\_\_\_\_ for the Essex Planning Board \_\_\_\_\_ 20\_\_\_\_  
(Date of Vote)

\*See Section 5 of Essex Planning Board Rules and Regulations

FORM E

Essex Planning Board

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

TO:

- Board of Health
- Department of public works
- Conservation Commission
- Chief of Police
- Fire Chief

In accordance with Section 6.01 of the Planning Board's Subdivision Rules and Regulations, this attached Definitive Plan has been submitted to your agency for review and recommendations.

Please make any comments and recommendations regarding this plan on the attached form (Form F), or in a written report, and submit to the Planning Board no later than 35 days (45 with respect to the Board of Health) of date of submission to Planning Board.

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Applicant







