



TOWN OF CARVER

Planning Board

108 Main Street, Carver, MA 02330
Tel: 508-866-3405 • Fax: 508-866-3430
Email: townplanner@carverma.gov

Planning Board: Definitive Plan (Form C)

- ☐ (8) full sized set of plans
- ☐ (1) 11x17 set of plans
- ☐ PDF of Plans
- ☐ PDF of Storm Water Report
- ☐ (8) Complete Application Forms
- ☐ Brief Narrative of Project
- ☐ CHECK FEE SCHEDULE
- ☐ Certified Abutter's List from the Assessor's Office

Application Deadline: 4 Thursdays before the Agenda Date.

2 Newspapers ads: 1st ad must appear 3 Fridays before Agenda Date; 2nd ad on following Friday.

Send *Certified Mail* to abutters and surrounding towns after 1st newspaper ad appears.

Stamp application in with the Town Clerk.

The Board has 90-days from the date of application to make a decision—if there was a preliminary plan.

The Board has 135-days from the date of application to make a decision—if there was NOT a preliminary plan.

Decisions sent by regular mail to abutters.

There is a 20-day appeal period.



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APPLICATION FOR APPROVAL OF DEFINITIVE SUBDIVISION PLAN

DATE: _____

To The Planning Board of the Town of Carver:

The undersigned, being the applicant as defined under Chapter 41, Section 81-L, for approval of a proposed subdivision shown on a plan entitled

_____ and described as follows: located _____ in the Town of Carver, number of lots proposed _____, total acreage of tract _____, hereby submits said plan as a DEFINITIVE plan in accordance with the Rules and Regulations of the Carver Planning Board and makes application to the Board for approval of said plan.

The undersigned's (owner's) title to said land is derived under deed from _____, dated _____, and recorded in the Plymouth County Registry of Deeds in book _____, page _____. Said land is free from encumbrances except for the following:

Said plan has () has not () evolved from a preliminary plan submitted to the Board on _____, and () approved (with modifications) () disapproved on _____.

The undersigned hereby applies for the approval of said Definitive plan by the Board, in belief that the plan conforms to the Board's Rules and Regulations.

Received by Town Clerk:

Date: _____

Time: _____

Signature _____

Applicant's Signature _____

Applicant's Address _____

Applicant's Phone: _____

Received by Planning Board:

Date: _____

Time: _____

Signature _____

Received by Board of Health:

Date: _____

Time: _____

Signature _____



TOWN OF CARVER
BOARD OF ASSESSORS
Telephone (508) 866-3410 – Fax [508] 866-7401

Cranberry Land USA

CERTIFIED ABUTTER'S LIST REQUEST

The Assessor's Office will certify the names and mailing addresses of all abutters. The fee for this service is subject to the Fee Schedule.

The office has **10 days** to complete this request.

Applicant: _____

Mailing Address: _____

Telephone: _____

Location of Property: _____

Map: _____ Lot: _____ Key # _____

For: _____ Board of Selectmen
_____ Conservation Commission (100')
_____ Zoning Board of Appeals
_____ Planning Board
_____ Earth Removal
_____ Board of Health (100')

Map / Lot

Map / Lot

Map / Lot

Note: Once a certified abutter's list request is complete – the certification is only good for 30 days from the date on the letter.

____ I DO NOT HAVE A MEETING DATE BEFORE THE BOARD CHECKED ABOVE BUT WILL CALL TO ACTIVATE THIS REQUEST ONCE I KNOW THE DATE OF MY HEARING/MEETING.