



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: Preliminary Subdivision (Form B)

- ☐ (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 payable to "Town of Carver" for \$500 plus \$100/lot for filing fee
- ☐ Review check payable to "Town of Carver" calculated at \$200/lot

Stamp application in with the Town Clerk.

The Board has 45-days from the date of application to make a decision.

There is no advertising or notice to abutters.

Decisions are not mailed to abutters.



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FORM B

APPLICANT NAME: _____ FILE # _____

EMAIL: _____ 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: _____

By _____ dated _____

And described as follows: _____

Located _____, number of lots proposed _____ total acreage of tract _____, said applicant hereby submits said plan as Preliminary subdivision plan in accordance with the Rules and Regulations of the _____ Planning Board and makes application to the Board for approval of said plan.

The undersigned's title to said land is derived from _____

By deed dated _____ and recorded in the Plymouth District Registry of Deeds Book _____, Page _____, registered in the Plymouth Registry District of the Land Court, Certificate of Title No. _____.

Received by Town Clerk:

Applicant's Signature _____

Date _____

Applicant's Address _____

Time _____

Applicant's Phone # _____

Signature _____

(Owner's Signature, Address and Phone # If not the Applicant) _____

Received by Board of Health:

Date _____

Time _____

Fee \$ _____

Review and Inspection \$ _____

Signature _____