OSRD PLAN COMPARISON

DARTMOUTH
PLANNING BOARD

400 Slocum Road Dartmouth, MA 02747 (508) 910-1816



TIME STAMP HERE

APPLICATION FOR OPEN SPACE RESIDENTIAL DESIGN PLAN COMPARISON

for subdivision of 5 or more lots (Please Print or Type)

Date:						
Applicant's Name:		Phone No.:				
Applicant's Address:						
Property Owner (if different than applicant)	Name:					
Contact Person :(if questions regarding plan)						
OSRD Concept Plan entitle	ed:			,		
consisting of sheets	lots and a		_ pa	rcel o	f land	
proposed to be Open S	pace divided from a _		tract	of	land	located
Assessor's Map/Lot(s)						
Plan Dated:						

Conventional Conc	ept Plan entitled:
consisting of	_ sheets, which shows lots(s) and parcel(s) proposed to be
divided from a	tract of land located
Assessor's Map/Lo	t(s)
Plan Dated:	
submit an application	n Section 6.200 of the Dartmouth Zoning Bylaws, the undersigned hereby on for a Planning Board recommendation on whether the OSRD concept plar acept plan should be submitted
Applicant's Signatu	re: Print Name:
Owner's Signature: (if other than applicant)	Print Name:
	SUBMITTAL CHECKLIST [See Applicable Zoning Bylaws for Specific Requirements]
	Application Form (2x) – Please note both copies must be originals, 1 copy for Planning and 1 copy for Town Clerk
	application Fee is \$250.00 payable to <u>Town of Dartmouth.</u>
	A written explanation in accordance with Section 6.400 of the OSRD bylaw
	One (1) full-sized set of each plan and Seven (7) 11" x 17" copies.
	Electronic set of each plan forwarded to Planning Director CAD & PDF)