

FORM A

**DARTMOUTH
PLANNING BOARD**
400 Slocum Road
Dartmouth, MA 02747
(508) 910-1816



TIME STAMP HERE

APPLICATION FOR ENDORSEMENT OF ANR (Approval Not Required) PLAN
(Please Print or Type)

Date: _____

Applicant's Name: _____ Phone No.: _____

Applicant's Address: _____

Property Owner Name: _____
(if different than applicant)

Address: _____

Contact Person : _____ Phone No.: _____
(if questions regarding plan)

Email: _____

ANR Plan entitled: _____

Plan Dated: _____

Location of Subject Property: _____

Assessor's Map/Lot(s): _____

All Applicable Zoning Districts: _____

The applicant believes approval is not required for the following reasons:

(Check as appropriate)

1. Every lot created has frontage on (check one):
 - a public street; name of public street _____
 - a street (improved to Town Standards) shown on a plan approved and endorsed under Subdivision Control Law; name of street _____
 - a private street which existed before April 7, 1953; name of street _____
2. The plan changes the size and shape of lots, while maintaining frontage required by zoning.
3. The plan creates parcels without required frontage, with such parcels labeled "non-buildable".
4. The plan shows a division of land, where two or more buildings were standing before April 7, 1953, into separate lots on each of which one such building remains standing. The applicant is responsible for proving the age of buildings.
5. The plan submitted is in accordance with a Board of Appeals decision recorded at the Bristol County (S.D.) Registry of Deeds, Book _____ Page _____.

I have diligently researched the property, including walking the property, to determine whether any burial grounds or human skeletal remains are located on or near the proposed lot. To the best of my knowledge and belief, no burial grounds or human remains, except those shown on the plan, lie on the proposed lot or would be affected by the proposed plan. The Town will rely on this statement in determining whether to issue permits. A false or mistaken statement will be grounds for denying permits and, if issued, for revoking it.

Applicant's Signature: _____ **Print Name:** _____

Owner's Signature: _____ **Print Name:** _____

(if other than applicant)

SUBMITTAL CHECKLIST

- Application Form (2x) – Please note both copies must be originals, 1 copy for Planning and 1 copy for Town Clerk**
- Application Fee is \$100.00 plus \$100.00 for each lot to be affected payable to Town of Dartmouth.**
- One original plan suitable for recording at the Bristol County (S.D.) Registry of Deeds, Two (2) full-sized sets of the plan, seven (7) 11 x 17 prints of the plan, an electronic set of plans forwarded to the Planning Director (CAD & PDF), and if an Estate Lot ANR or OSRD ANR, the appropriate covenant.**