



# CITY OF BROCKTON

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT

Planning Board

Historical Commission

Conservation Commission

FOR OFFICE USE ONLY

Robert F. Sullivan  
Mayor

Robert May, CEcD  
Director

45 SCHOOL STREET, BROCKTON, MA 02301 | (508) 580-7113 | <https://brockton.ma.us>

## Subdivision - Form B (Preliminary)

The undersigned, being the applicant as defined under Chapter 41, Section 81-L of Massachusetts General Law, submits for approval of a Preliminary Plan. The applicant hereby submits said plan as a Preliminary subdivision plan in accordance with the Subdivision Rules and Regulations of Brockton, MA.

### PROJECT INFORMATION

PROJECT NAME:

PROJECT ADDRESS:

PARCEL ID(s):

ENGINEER/SURVEYOR:

### EXISTING PROPERTY INFORMATION

ZONING DISTRICT:

ASSESSOR'S LAND USE  
CODE:

DEED OF PROPERTY:

Book \_\_\_\_\_, Page \_\_\_\_\_

LOT DIMENSIONS:

\_\_\_\_\_ WIDTH \_\_\_\_\_ DEPTH

\_\_\_\_\_ FRONTAGE \_\_\_\_\_ AREA

### PROPOSED REQUEST INFORMATION

Project Narrative (Must include all proposed work below and complete narrative):

### CONTACT INFORMATION

#### PROPERTY OWNER

PROPERTY OWNER NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

#### APPLICANT (IF DIFFERENT THAN OWNER)

APPLICANT NAME:

ADDRESS:

CITY:

STATE:

ZIPCODE:

TELEPHONE NUMBER:	EMAIL ADDRESS:
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**DESIGNATED AGENT**

APPLICANT NAME:

ADDRESS:	CITY:	STATE:	ZIPCODE:
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TELEPHONE NUMBER:	EMAIL ADDRESS:
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**OWNER'S CONSENT\***

I \_\_\_\_\_ (\*Owner's Name as it appears on the recorded deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

hereby petition to the City of Brockton for \_\_\_\_\_ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. I consent to inspections, photographing and placement of signs on the subject property by City Staff for purposes of consideration of this application and/or presentation to the approving body. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Brockton, MA, and are not returnable.

\_\_\_\_\_

**SIGNATURE - OWNER**

**OWNER'S DESIGNATION OF AGENCY\***

I \_\_\_\_\_ (\*Owner's Name as it appears on the recorded deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

hereby affirm that \_\_\_\_\_ (Agent's Name) is hereby designated to act as agent of my behalf to petition the City of Brockton for \_\_\_\_\_ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Brockton, MA, and are not returnable.

\_\_\_\_\_

**SIGNATURE - OWNER**

**\*NOTE: When an application is executed on behalf of a corporation or business entity, documentation must be provided which demonstrates that the corporation's representative is authorized to act on behalf of the corporation (only complete the one that applies above).**

**APPLICATION ACKNOWLEDGEMENTS**

Please read the following and acknowledge below:

- I have submitted **five (5) copies** of the application, signed by all property owners, and **five (5) copies** of the full-sized plans, printed 24" by 36". (Check as applicable).
  - Each page must include the following** – preliminary subdivision name, names of abutters from recent tax list, registration book and page of deed, magnetic north arrow, date, vertical datum (Brockton City Base) and horizontal datum (State Coordinate Plan System) of survey, and scale. Plans shall be drawn at a minimum scale of 1" = 40' by a registered land surveyor, professional engineer (as appropriate) and signed and stamped by the appropriate individual(s).
  - Preliminary Plan Requirements -**
    - Dimensions, profile, geometry, and lines of existing and proposed streets, sidewalks, curbs, existing curb cuts, and names of proposed streets
    - Dimensions and lines of existing and proposed utilities (water, sewer, drainage, electrical, gas, telecom, lighting, utility poles, fire hydrants, etc.) in Right of Way
    - Proposed and existing topography of land at 5-foot contours or less
    - Proposed site drainage system
    - Proposed and existing significant on-site natural and man-made features (wetland, ledge, bodies of water, wall, trees, fences, flood plain, etc.)
    - On-site and off-site wetland resource areas
    - Existing and proposed easements
    - Dimensions of proposed lots, including minimum frontage and lot area per the Zoning Ordinance
    - Building box, or yard setback lines
    - Identification of non-buildable lots
    - Limits of work to be performed, including private utility work, within the Right of Way
    - Proposed planting types
    - Current buildings and structures
    - When lots are combined, the new lot designation shall be made by an appropriate letter or number and be noted on the plan.
- I have submitted a **narrative** explaining all proposed – use of building, traffic flow and circulation, parking, landscaping, snow removal, screening, external lighting, and public/private utilities.
- I have submitted the **digital copy** of the submission to [planning@cobma.us](mailto:planning@cobma.us).
- I have provided the associated **fee**, payable to the City of Brockton, in the amount described in the fee schedule.
- I have submitted the original **Municipal Lien Certificate**, showing that there is no outstanding balance.
- I have submitted the **certified copy** of the plan from the Registry of Deeds.

**The aforementioned has been read and acknowledged by:**

\_\_\_\_\_  
SIGNATURE - OWNER/APPLICANT

\_\_\_\_\_  
SIGNATURE - DESIGNATED AGENT

\_\_\_\_\_  
PRINT NAME - OWNER/APPLICANT

\_\_\_\_\_  
PRINT NAME - DESIGNATED AGENT