



PLANNING BOARD

TOWN OF WRENTHAM
WRENTHAM TOWN HALL
79 SOUTH STREET
WRENTHAM, MASSACHUSETTS 02093
(508) 384-5441
planning@wrentham.ma.us
www.wrentham.ma.us

APPLICATION SUBMISSION REQUIREMENTS

ENDORSMENT OF PLAN BELIEVED NOT TO REQUIRE APPROVAL (ANR)

Plan Requirements: ANR submissions are to be prepared in accordance with Section 3.2 of Wrentham's Rules and Regulations Governing the Subdivision of Land. The Regulations can be found on the Town's website on the Planning Department webpage.

Pre-submission Review – Applicants wishing to discuss or review their application in draft format or prior to formal submission can contact the office to discuss their options.

Submission: All application materials must be presented in a complete packet at the time of submission for staff to review and schedule a hearing. All applications must be submitted in person to the Planning Department during regular business hours – Monday, Wednesday & Thursday 8 a.m.-4 p.m., Tuesday 8 a.m.-7 p.m., and Friday 8 a.m. – 12 p.m. No electronic or mail in submissions allowed.

Required Submission Materials:

- 1. Application and Affidavit Forms** – including all required signatures – one (1) original, one (1) copy.
- 2. Fees** – includes all applicable fees outlined on the Fee Schedule.
- 3. Additional Materials as Needed / Required to Support the Application.**
- 4. Copies Required:**
 - One (1) full size Mylar
 - Three (3) full size paper copies
 - One (1) copy of all plans and additional materials in PDF Format (on disk or flash drive).

Additional information and guidance can be found on the Planning Board webpage located at www.wrentham.ma.us. Please contact the Planning Department if you have any questions.



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**FORM 1
APPLICATION FOR ENDORSEMENT OF PLAN
BELIEVED NOT TO REQUIRE APPROVAL (ANR)**

DATE: _____

1. OWNER OF RECORD: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

Deed recorded in the Norfolk County Registry of Deeds: Book _____ Page _____

2. NAME OF APPLICANT: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

3. ENGINEER / LAND SURVEYOR: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

4. NAME OF AGENT / CONTACT PERSON: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

5. LOCATION OF LAND: on the _____ side of _____

(N, S, E, W)

(Street where property has frontage)

_____ feet _____ of _____

(# of feet)

(N, S, E, W)

(Nearest adjacent street)

Total Acreage _____ Zoning District(s) (including overlay zones) _____

ASSESSORS ID: _____

6. Has the Zoning Board of Appeals, Planning Board or Board of Selectmen granted any variance, exception, or special permit concerning this property? Yes _____ No _____

If yes, please explain / list, including dates: _____

7. **AFFIDAVIT** by Engineer / Land Surveyor who stamped/signed the plan that all items required are shown (enclosed attested document).

8. **REQUIRED SIGNATURES:**

- Please Note: Both required signatures 8A and 8B must be obtained prior to submission.
- Required signatures are the responsibility of the Applicant.
- Failure to obtain all required signatures may cause a delay in processing.

8.A. REQUIRED SUGNATURE(S): APPLICANT AND/OR OWNER: Both the Applicant and at least one Property Owner signature must be submitted.

The undersigned, being the APPLICANT and OWNER(S) named above, hereby applies for Endorsement of a Plan Believed Not to Require Approval by the Planning Board and certifies that, to the best of the APPLICANT’S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Rules & Regulations

Applicant’s Signature _____ Date: _____

Property Owner’s Signature _____ Date: _____
(If Not Applicant)



8.B. REQUIRED SIGNATURE: TAX COLLECTOR

To be completed by the **Tax Collector:** The Office of the Tax Collector verifies that there are no outstanding taxes due by the Property Owner to the Town of Wrentham, MA.

Note: Delinquent bills must be paid in full before your application can be processed. Please make arrangements to pay all outstanding bills to the Tax Collector’s Office.

_____ _____ _____
Tax Collector’s Office – Name (Please Print) Initial Date

Affidavit ANR Plan Submittal

I, _____ ,
(Name of Surveyor/Engineer – Please Print)

hereby attest that all above information, required by Wrentham’s Rules and Regulations Governing the
Subdivision of Land, is accurately and completely shown on the plan of land dated _____,
regarding MAP(s) _____ LOT #(S) _____

on _____ in the Town of Wrentham.
(property address)

SIGNATURE: _____

FULL ADDRESS: _____

PHONE: _____

EMAIL: _____