



Department of Planning and Development
City Hall, Room 25
484 Broadway
Everett, MA 02149
Tel. (617) 544-6033
FAX (617) 394-5002

**FORM A – Approval Not Required (ANR)
Application for Endorsement of a Plan Believed Not to Require Approval
(Pursuant to MGL Ch. 41, Section 81P)**

DATE: _____

To the City of Everett Planning Board:

The undersigned wishes to record the accompanying plan which is entitled: _____, prepared by _____, dated _____ (the “Plan”); and requests a determination and endorsement by the City of Everett Planning Board that approval by it under the Subdivision Control Law is not required.

Each owner and applicant must sign the application. If the applicant or owner is a corporation, trust, or other such entity, proof of signatory authority must be provided.

1. Applicant(s) _____
Address: _____
Telephone: _____
E-mail: _____
2. Name of Owner(s) _____
Address: _____
Telephone: _____
E-mail: _____
3. Name of Engineer or Surveyor: _____
Address: _____
Telephone: _____
E-mail: _____
4. Location of Property (Street Address): _____
5. Zoning District: _____
6. Assessor Map and Lot Numbers: _____
(Provide this information for all lots subject to this application.)

7. The owner's title to the land is derived under deed from _____, dated _____, and recorded in the Middlesex South Registry of Deeds, Book _____, Page _____ and/or Land Court Certificate of Title No. _____ registered in District Book _____, Page _____.
(Provide copy of most recently recorded deed for all lots subject to this application.)
9. Has a plan of this land been submitted to the Board before? _____. If yes, please provide the date of the plan, date of recording with the Registry of Deeds or the date of filing with the Land Court. Date of Plan ____/____/____, date of recording ____/____/____.
10. Evidence of Qualification of Division of Land:
- a. Number of Existing Lots: _____
 - b. Area of Existing Lots: _____
 - c. Frontage of Existing Lots: _____
 - d. Number of Proposed Lots: _____
 - e. Size area of Proposed Lot or Lots: _____
 - f. Minimum Frontage of Proposed Lots: _____
 - g. Minimum Width of Proposed Lots: _____
 - h. Required Frontage: _____

Approval under the Subdivision Control Law is not required for the following reasons:

SIGNATURE of record owner(s) _____ Date: _____
 _____ Date: _____

This section is to be completed by the Registered Land Surveyor or Engineer who prepared the plan:

I hereby certify that the accompanying plan, entitled _____, dated _____, is true and correct to the accuracy required by the Rules and Regulations of the Massachusetts Board of Registration of Professional Engineers and Land Surveyors and that all pertinent data are shown in accordance with Regulation 250 CMR 3.00-6.00.

These plans are the result of an actual field survey on: _____.

SIGNATURE of Engineer/Surveyor _____ Date: _____

PLEASE INCLUDE 5 PAPER COPIES OF THE ANR PLAN WITH MYLAR