



**PLANNING DEPARTMENT**

**TOWN OF GRAFTON**  
GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MASSACHUSETTS 01519  
(508) 839-5335 ext 1120 • FAX (508) 839-4602  
planningdept@grafton-ma.gov  
www.grafton-ma.gov

**APPROVAL NOT REQUIRED (ANR)  
APPLICATION SUBMISSION REQUIREMENTS**

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**Plan Requirements:** ANR submissions are to be prepared in accordance with Section 3.1 of the Grafton Subdivision Rules and Regulations. 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 in order for staff to review and schedule a hearing. All applications must be submitted in person to the Planning Department during regular business hours – Monday through Friday, 8:30 a.m. – 4:30 p.m. No electronic or mail in submissions allowed.

**Required Submission Materials:** Attached please find forms and directions for the submission of an Approval Not Required (ANR) application packet. .

- 1. Application Form and Affidavit Form – 1 original.**
- 2. Certificate of Good Standing** – must be completed and signed by the Treasurer / Collector's Office. Please allow for three (3) business days to process each request. Applications will not be accepted without this document.
- 3. Fees** - see fee schedule on the Town of Grafton website: Planning Department / Applications & Submission Requirements
- 4. Copies Required:**
  - Plan - Electronic copy in PDF Format (on disk or flash drive)
  - One Original Mylar
  - Four full size paper copies
- **Other Materials required by the Town of Grafton Subdivision Rules and Regulations**



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**PLANNING DEPARTMENT**

**FORM A**

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

Application No. \_\_\_\_\_

**1. OWNER OF RECORD:** \_\_\_\_\_

STREET /P.O. Box \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Deed recorded in the Worcester District Registry of Deeds: Book \_\_\_\_\_ Page \_\_\_\_\_

**2. NAME OF APPLICANT:** \_\_\_\_\_

STREET /P.O. Box \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**3. ENGINEER / LAND SURVEYOR:** \_\_\_\_\_

STREET /P.O. Box \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**4. NAME OF AGENT / CONTACT PERSON:** \_\_\_\_\_

STREET /P.O. Box \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**5. LOCATION OF LAND:** on the \_\_\_\_\_ side of \_\_\_\_\_

\_\_\_\_\_ feet \_\_\_\_\_ of \_\_\_\_\_

(Direction) (Street)

**Total Acreage** \_\_\_\_\_ **Zoning District(s)** (including overlay zones) \_\_\_\_\_

**ASSESSOR'S MAP(S)** \_\_\_\_\_ **LOT #(S)** \_\_\_\_\_

**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 \_\_\_\_\_

**7.** List all contiguous holdings in the same ownership (as defined in the Subdivision Regulations)

Map(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature (if not Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

# Affidavit ANR Plan Submittal

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

hereby attest that all above information, required by the Grafton Subdivision Rules and Regulations, is accurately and completely shown on the plan of land

dated \_\_\_\_\_ ,

regarding MAP(s) \_\_\_\_\_ LOT #(S) \_\_\_\_\_

on \_\_\_\_\_ in the Town of Grafton.  
(property address)

Signature: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City / Town \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_