



Town of Canton Planning Board  
 Memorial Town Hall  
 801 Washington Street  
 Canton, MA 02021  
 781-821-5019

## DESIGNER CERTIFICATE

Date: \_\_\_\_\_

One copy of this Form shall be filled out and signed by the Applicant, included as part of a Definitive Subdivision Package.

In preparing the plan entitled, \_\_\_\_\_, and dated \_\_\_\_\_, I hereby certify that the above named definitive subdivision plan and accompanying data is true and correct to the accuracy required by the current ***Rules and Regulations Governing the Subdivision of Land in Canton, as amended*** and required by the Rules of the Massachusetts Registry of Deeds, and my source of information about the location of boundaries shown on said plan were one or more of the following:

1. Deed from \_\_\_\_\_ to \_\_\_\_\_ dated \_\_\_\_\_ and recorded in the Norfolk County Registry of Deeds, Book \_\_\_\_\_, Page \_\_\_\_\_.
2. Actual measures on the ground from a starting point established by \_\_\_\_\_  
\_\_\_\_\_
3. Other deeds, plans, and/or sources, as follows:  
\_\_\_\_\_  
\_\_\_\_\_

Seal of Surveyor

Signed: \_\_\_\_\_  
 Massachusetts Registration Number: \_\_\_\_\_  
 Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Seal of Professional Engineer

Signed: \_\_\_\_\_  
 Massachusetts Registration Number: \_\_\_\_\_  
 Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

This form will not be considered submitted until the following endorsement has been completed by the Planning Board, received this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ as duly submitted under the ***Rules and Regulations Governing the Subdivision of Land in Canton, as amended***  
**Canton Planning Board Administrator or Chair**  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_