

PLANNING AND ZONING DEPARTMENT

P.O. BOX 610 SOUTHTON, CONNECTICUT 06489 (860) 276-6248



FEE: See fee schedule

SUBDIVISION APPLICATION

Date: _____

S # _____

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

Telephone: _____ Fax # _____

Telephone: _____ Fax # _____

Email: _____

Email: _____

Number of lots: _____

Does the application constitute a "Resubdivision"? _____

Address of property: _____ Zone: _____

Assessor's Map: _____ Parcel: _____

Subdivision Title: _____

Does this subdivision touch or cross a town boundary line? _____

Engineer: _____

Telephone: _____ Fax # _____

Email: _____

Signature of Applicant/Owner/Agent: _____

(please print): _____

Submit 7 copies of the plan. If the property includes any inland wetlands, application for an Inland/Wetlands Permit or a determination that such a permit is not required, must be made prior to, or in conjunction with the approved subdivision application.