

Applicant
 Name _____

Owner
 Name _____

Address _____

Address _____

_____ Tel. _____

_____ Tel. _____

Surveyor or Site Planner
 Name _____

Location of Resubdivision AP _____ FH _____ HR _____
 Zone: R-1 _____ R-3 _____ R-5 _____ GB _____ IR _____

Address _____

Street or Road _____

_____ Tel. _____

Number of new curb cuts proposed _____

Was the land being resubdivided part of a larger parcel at any time since April 10, 1954?
 No _____ Yes _____ If Yes, explain how land was divided _____

Total acres in original tract in 1954 _____ Total acres to be resubdivided now _____

Acres to be retained by owner/applicant _____ Do any lots contain wetlands? Yes _____ No _____

Number and size of each lot created by this resubdivision _____

Three copies of a sanitary report signed by a professional engineer must accompany this form.
 See Subdivision Regulations for other requirements (Sections 2.1 and 2.4).

Signature of Applicant and Date _____

Signature of Owner and Date _____

FOR OFFICE USE

This application received on _____ by _____

Supporting documentation received, with date: Driveway Permit _____

Maps (1 mylar, 2 paper) _____ Engineer's Report _____

Torrington Area Health District Report _____ Erosion & Sedimentation Control Plan _____

Fee (amount) \$ _____ (date) _____ Inland Wetlands approval _____

Date Completed Application submitted to Commission _____

Public Hearing set for _____ Legal Notice dated _____ Dates of Publication _____

Approved _____ Disapproved _____

Legal Notice dated _____ Reasons _____