SUB _____

APPLICATION FOR APROVAL OF SUBDIVISION OR RESUBDIVISION

TOWN OF GRISWOLD

PLANNING & ZONING COMMISSION

Pursuant to Sections 3.1 and 4.1 of the Griswold Zoning Regulations, this application form, together with FIVE (5) COPIES of the proposed site plan, signed and sealed, as outlined in the Regulations and EIGHT (8) 18" by 12" Reduced To Scale Copies for Planning and Zoning Commission review, an itemized bond estimate for all site improvements and the required fee shall be submitted to the Town Planning Office AT LEAST TEN (10) DAYS prior to the next regularly scheduled meeting of the Planning & Zoning Commission to allow for staff review of the site plan.

Fee Schedule:		
CGS Section 8-30 Zoning Appeal:	$500 plus $50 per unit	
Subdivision:	$300 per lot (minimum $350) plus $60 State Fee	
Re-subdivision:	$350 per lot (minimum $400) plus $60 State Fee	
Town Planner:	Telephone No. : 860-376-7060 Extension 111	Fax No.: 860-376-3789
Zoning Enforcement Officer:	Telephone No. : 860-376-7060 Extension 109	Fax No. : 860-376-3789

TO BE COMPLETED BY THE APPLICANT(S).

1. **Name of Applicant:** _____

2. **Mailing Address of Applicant:** _____ _____ _____ _____
   No. Street Name Town/City State Zip

3. **Name of Property Owner (if different from Applicant):** _____

4. **Mailing Address of Property Owner:** _____ _____ _____ _____
   No. Street Name Town/City State Zip

LETTER OF AUTHORIZATION IS REQUIRED FROM THE PROPERTY OWNER IF THE APPLICANT IS NOT THE PROPERTY OWNER.

5. **Telephone No:** _____ _____ _____
   Applicant Property Owner Engineer / Surveyor

6. **Name of Subdivision:** _____

7. **Location of Property:** _____

8. _____ _____ _____ _____ _____
   Map(s) Block(s) Lot(s) Volume(s) Page(s)

9. **Property is Zoned:** _____

10. **Total area of property to be subdivided / resubdivided:** _____ **Acres:** _____

11. **Number of NEW LOTS proposed:** _____

12. **Lot sizes (list according to lot number):** _____

_____

13. **Are new or relocated streets proposed? (if yes, state name(s) of street(s):** _____

_____

14. **Are public water and/or proposed?** _____

Under the penalty of revocation of this permit by the issuing authority, I declare that I have examined this application and the documents submitted in support thereof; and to the best of my knowledge and belief, they are true, correct and complete.

15. **Signature of Applicant:** _____ **Date:** _____

16. **Signature of Property Owner:** _____ **Date:** _____

THE APPLICANT SHALL BE RESPONSIBLE FOR ANY THIRD-PARTY REVIEWS AS WELL AS FOR ANY TOWN ATTORNEY FEES INCURED PURSANT TO TOWN OF GRISWOLD ORDINANCE SECTION 144 WHICH IS APPENDIX D IN THE TOWN ZONING REGULATIONS

TO BE COMPLETED BY THE PLANNING & ZONING COMMISSION:

Date of Submission: _____ **Fee Paid: $** _____ **Date Paid:** _____

Date of Receipt: _____ **Date of Public Hearing:** _____

Date of Commission Action: _____ **Action Taken:** _____

Reason(s) for Action Taken: _____

_____

Conditions of Approval, if any: _____

Signature: _____ **Date:** _____