

APPLICATION FOR APPROVAL OF SUBDIVISION/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 TEN (10) COPIES of the proposed plan as outlined in the Regulations, an itemized bond estimate for all site improvements and the required fee shall be submitted to the Planning & Zoning Commission at least TEN (10) BUSINESS DAYS prior to the next regularly scheduled meeting of the Planning & Zoning Commission. Regular Meetings of the Planning & Zoning Commission are generally held on the second Monday of each month.

Fee Schedule:	
CGS Section 8-30 Zoning Appeal	\$500 plus \$50 / unit
Subdivision:	\$300 per lot (minimum \$350) plus \$60 State Fee
Resubdivision:	\$350 per lot (minimum \$400) plus \$60 State Fee
Town Planner:	Telephone No. (860) 376-7060 Ext. 111 Fax No.: (860) 376-7070
Zoning Enforcement Officer:	Telephone No. (860) 376-7060 Ext. 109 Fax No.: (860) 376-7070

To be completed by the applicant(s). Please print or type:

1. Name of Applicant: _____
2. Mailing Address of Applicant: _____

No.	Street Name	Town/City	State	Zip
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3. Name of Property Owner (if different from Applicant): _____
4. Mailing Address of Property Owner: _____

No.	Street Name	Town/City	State	Zip
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5. Telephone No: _____

Applicant	Property Owner	Engineer/Surveyor
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6. Name of Subdivision: _____
7. Location of Property: _____

No.	Street Name
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8. _____

Map(s)	Block(s)	Lot(s)	Volume(s)	Page(s)
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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 sewer 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: _____

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

TO BE COMPLETED BY THE PLANNING & ZONING COMMISSION:

- Date of Submission: _____ Fee Paid: \$ _____ Date: _____
- Date of Receipt _____ Date of Public Hearing: _____
- Date of Commission Action _____ Action Taken: _____
- Reason(s) for Action Taken: _____

- Signature: _____ Date: _____