STAMFORD PLANNING BOARD
APPLICATION FOR THE SUBDIVISION OF PROPERTY

Forward to the Planning Board office 12 copies of the Preliminary Subdivision Plan certified by Registered Land Surveyor

Fee: Two Lots……$220.00
Three Lots……$295.00
Each Additional Lot…….$200.00
Public Hearing Fee……..$500.00

LIST NAMES(S) _____

ADDRESS(ES) OF APPLICANT(S): _____

_____

INFORMATION ABOUT PROPERTY BEING SUBDIVIDED

LOCATION OF PROPERTY PROPOSED FOR SUBDIVISION:

_____

BLOCK NO.: ZONE : NUMBER OF LOTS AFTER DIVISION:

_____

IF NEW STREETS ARE PROPOSED,
PROPOSED STREET NAMES:_____

NAME & ADDRESS TO WHICH ALL CORRESPONDENCE SHOULD BE SENT:

_____

_____PHONE:_____

DATED AT STAMFORD, CONN., THIS _____DAY OF _____

THE APPLICANT HAS SEARCHED TITLE AND WILL ABIDE BY EXISTING DEED RESTRICTION AND COVENANTS WHICH EXIST, OR SWEARS THAT NONE EXIST.

SIGNED BY:_____
(Owner or Agent)

_____

STATE OF CONNECTICUT
COUNTY OF FAIRFIELD ss Stamford_____200

personally appeared _____signer of the foregoing Application, who made oath to the truth of the content hereof, before me, and also swears that there is no injunction of pending litigation concerning this property.

Seal

_____
Notary Public - Commissioner of the Superior Court

==========

DO NOT FILL IN BELOW. FOR PLANNING DEPARTMENT USE ONLY
submitted to:

RECEIVED: APPLICATION NO._____

EPB_____HEALTH_____ENGINEERING_____FIRE DEPT._____

TRAFFIC_____OTHER_____EXTENSION OF TIME_____