

**Subdivision/Resubdivision Application**

Assessors Map \_\_\_\_\_ Lot \_\_\_\_\_ Acres \_\_\_\_\_ Zoning District \_\_\_\_\_ # Of lots \_\_\_\_\_  
Project address: \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Resubdivision only:

Name of original Subdivision \_\_\_\_\_  
Date of Commission Approval \_\_\_\_\_

Property owner name: \_\_\_\_\_  
Property owner address: \_\_\_\_\_

Applicant name: \_\_\_\_\_  
Applicant address: \_\_\_\_\_  
Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email \_\_\_\_\_

Engineer name: \_\_\_\_\_  
Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email \_\_\_\_\_

Attorney name: \_\_\_\_\_  
Tel # \_\_\_\_\_ Cell # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email \_\_\_\_\_

- Regulated wetlands  yes  no
- Public water supply watershed  yes  no
- Community well system  yes  no
- Flood Hazard Area  yes  no
- Municipal water  yes  no
- Individual well  yes  no
- Subsurface sewage disposal  yes  no
- Municipal sewer  yes  no
- Coastal Management Area  yes  no
- Ct General Stormwater  yes  no
- Quality Permit  yes  no
- Army Corps of Engineers  yes  no
- Water diversion permit  yes  no
- Dam permit  yes  no

Flood zone \_\_\_\_\_

Subject to a conservation restriction and/or a preservation restriction  
 yes  no

Office of State Traffic Commission (OSTA )Permit  
 yes  no

DOT encroachment permit  yes  no  
Waiver(s) requested  yes  no

Regulation section(s) \_\_\_\_\_

Erosion & sediment control bond \$ \_\_\_\_\_  
Performance/Road bond \$ \_\_\_\_\_

The subdivision application must be submitted with the following approvals and or documents if applicable:

- Permit from the Inland Wetlands & Watercourses Commission or subdivision sign off.
- Approval letter from the Water Pollution Control Authority.
- Approval letter from the appropriate Water Authority.
- Approval letter from the Uncas Health District.
- Bond estimate.
- Erosion & sediment control narrative.
- Drainage calculations.
- State of Ct. Real Estate Conveyance Tax Return – OP236.
- Transfer of Title Deed.
- State of Ct. DOT District II approval.
- Copy of Ct. Department of Health notification if project is within a public water supply watershed.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Owner signature \_\_\_\_\_ Date \_\_\_\_\_