



CITY PLAN COMMISSION
NEW BRITAIN, CONNECTICUT

DO NOT WRITE IN THIS SPACE
(For Office Use Only)

APPLICATION NO.: _____

FEE: _____

DATE: _____

APPLICATION FOR CONSIDERATION OF SUBDIVISION PLAN

1. PROPOSED NAME OF (RE) SUBDIVISION: _____

2. LOCATION OF PROPERTY: _____

3. NAME AND ADDRESS OF RECORD OWNER*: _____
**Proof of ownership or control required.*

TELEPHONE: _____

4. NAME AND ADDRESS OF APPLICANT: _____

TELEPHONE: _____

5. APPLICANT'S INTEREST IN PROPERTY.

INDIVIDUAL OWNER

PARTNER

AGENT OF OWNER

OTHER _____

6. NAME, ADDRESS AND LICENSE NUMBER OF ENGINEER OR LAND SURVEYOR:

7. NAME AND ADDRESS OF APPLICANT'S ATTORNEY: _____
TELEPHONE: _____

8. THE PROPERTY IS PRESENTLY ZONED: _____

9. HAS THERE BEEN OR DO YOU CONTEMPLATE ANY FUTURE REQUESTS FOR A CHANGE IN ZONING? GIVE DETAILS. _____

10. TYPE OF SUBDIVISION: SINGLE FAMILY TWO FAMILY
OTHER _____

11. ARE CONSTRUCTION OF BUILDINGS TO ACCOMPANY SUBDIVISION?

12. ARE PUBLIC SEWERS _____ WATER _____ AVAILABLE TO THE SITE?

13. ARE ALL STREETS PROPOSED FOR DEDICATION? _____

14. ENTIRE LAYOUT COVERS _____ ACRES PLOTS _____
OTHER ADJACENT LAND HOLDINGS _____ ACRES.

15. DOES THE OWNER PROPOSED TO SUBMIT PLAT TO COVER ENTIRE PRELIMINARY LAYOUT OR FILE SAME IN SECTIONS? _____
NUMBER: _____

16. DOES THE OWNER INTEND TO REQUEST ANY WAIVERS FROM THE REQUIREMENTS OF THE SUBDIVISION REGULATIONS? (WAIVERS MUST BE REQUESTED INDIVIDUALLY BY LETTER EXPLAINING EXTRAORDINARY HARDSHIP WHICH MAY RESULT FROM COMPLIANCE WITH THE SUBDIVISION REGULATIONS.)

(SIGNED) _____
(Owner)

DATE: _____

APPLICANT _____