



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: _____
EMAIL ADDRESS: _____
5. APPLICANT'S INTEREST IN PROPERTY:

INDIVIDUAL OWNER: PARTNER:

AGENT OF OWNER: OTHER: _____
(Please Specify)
6. NAME, ADDRESS AND LICENSE NUMBER OF ENGINEER OR LAND SURVEYOR:

EMAIL ADDRESS: _____
7. NAME AND ADDRESS OF APPLICANT'S ATTORNEY: _____
_____ TELEPHONE: _____
EMAIL ADDRESS: _____
8. THE PROPERTY IS PRESENTLY ZONED: _____
9. HAS THERE BEEN OR DO YOU CONTEMPLATE ANY FUTURE REQUESTS FOR A CHANGE IN ZONING? GIVE DETAILS: _____

APPLICATION FOR CONSIDERATION OF SUBDIVISION PLAN (Cont'd):

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

11. IS 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 PROPOSE 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.)*

DATE: _____ (SIGNED) _____
(Owner)

DATE: _____ (SIGNED) _____
(Applicant)