



APPLICATION NO. _____

TOWN OF COLCHESTER, CONNECTICUT
APPLICATION FOR SUBDIVISION/RESUBDIVISION APPROVAL

SUBDIVISION RESUBDIVISION **Please check the type of application**

APPLICANT _____ DATE _____
(Please Print)

MAILING ADDRESS _____

(City) (State) (Zip) TELEPHONE _____

OWNER OF RECORD _____
(Please Print)

MAILING ADDRESS _____

(City) (State) (Zip)

ENGINEER/SURVEYOR _____ TELEPHONE _____

MAILING ADDRESS _____

(City) (State) (Zip)

SUBDIVISION NAME _____

SUBDIVISION LOCATION _____

ASSESSOR'S MAP _____ LOT _____

TOTAL NUMBER OF ACRES _____ NUMBER OF ACRES THIS SECTION _____

TOTAL LOTS PROPOSED _____ NUMBER OF LOTS THIS SECTION _____

TYPE OF SEWAGE DISPOSAL _____ TYPE OF WATER SUPPLY _____

The undersigned hereby requests Commission approval of the above named subdivision and agrees, inconsideration for said approval, to fulfill the requirements of the Town of Colchester Subdivision Regulations, to carry out the improvements agreed upon and intended by said approval and to make no changes whatsoever in the approved plans unless a revised plan has been submitted to, and approved by, the Commission.

APPLICANT(S) SIGNATURE OWNER(S) SIGNATURE

For Official Use:
APPLICATION SUBMITTED _____ ZPC FEE PAID _____

FIRST ENGINEERING REVIEW FEE _____ FIRST HEALTH REVIEW FEE _____