P&ZC Application No.	
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## PLANNING & ZONING COMMISSION TOWN OF COLCHESTER, CONNECTICUT

## APPLICATION FOR SUBDIVISION/RESUBDIVISION APPROVAL

This application form, applicable fee(s), five (5) sets of subdivision plans and all required supporting documentation shall be submitted to the Planning & Zoning Commission Office no later than noon (12:00P) on the Monday before the next regularly scheduled meeting (the first and third Wednesday of the month excepting Holiday periods). For subdivision, Public Hearing is not required but may be held at the discretion of the Commission. For resubdivision, Public Hearing is required.

APPLICATION FOR (Check the Type of Application): [ ] SUBDIVISION [ ] RESUBDIVISION			
NAME OF APPLICANT:(Please Print)			
MAILING ADDRESS:			
EMAIL ADDRESS:			
OWNER OF RECORD:(Plea			
(Plea	ase Print)		
MAILING ADDRESS:			
ENGINEER/SURVEYOR:	TELEPHONE:		
MAILING ADDRESS:			
STREET ADDRESS OF SUBJECT PROPERTY:			
ASSESSOR'S MAP LOT	ZONING DISTRICT		
NAME OF SUBDIVISION:	TOTAL AREA:		
TOTAL NUMBER OF LOTS PROPOSED:	NEW ROAD PROPOSED (Check): [ ] YES	[ ] NO	
UTILITIES (Please Check): [ ] PUBLIC SEWER [ ] C	ON-SITE SSDS [ ] PUBLIC WATER [ ] ON-SI	ITE WELL	
IS THIS PROPERTY WHOLLY OR PARTIALLY LOCATED IN A	ANY OF THE FOLLOWING (Check all that apply):		
AQUIFER PROTECTION AREA (APA) AQUII	FER PROTECTION ZONE (APZ)		
HISTORIC DISTRICT (HD) HISTO	PRIC PRESERVATION OVERLAY ZONE (HPOZ)		
CONTACT PERSON TO WHOM CORRESPONDENCE ANI	D INQUIRIES SHOULD BE DIRECTED:		
NAME:(Please Print)	(Firm Name, if Applicable)		
	, , , , , ,		
MAILING ADDRESS:			
EMAIL ADDRESS:	TELEPHONE:		
APPLICANT(S) SIGNATURE DATE	OWNER(S) SIGNATURE	DATE	
** IF THE APPLICANT IS NOT THE RECORD OWNER, A SIGNED LE	TTER OF AUTHORIZATION MUST ACCOMPANY THIS APPLIC	CATION **	
FOR OFFICIAL USE (	ONLY BELOW THIS LINE		
DATE APPLICATION SUBMITTED:			
DATE OF RECEIPT BY P&ZC:	_ PUBLIC HEARING START DATE:		
PUBLIC HEARING END DATE:	DATE OF DECISION:		
NOTICE OF DECISION PUBLISHED:	ENGINEERING REVIEW FEES PAID:		