

TOWN OF SCOTLAND

Planning & Zoning Commission

9 Devotion Road, P.O. Box 288, Scotland, CT 06264

Telephone: (860) 423-9634, Fax: (860) 423-3666

SUBDIVISION/RESUBDIVISION APPLICATION FORM

Page 1 of 3

For Office Use Only: Application Number: _____ Submittal Date: _____
PZC Receipt Date: _____ (The date of receipt is the next regularly scheduled meeting or 35 days,
whichever is sooner). Public Hearing Date, IF REQUIRED : _____.

APPLICATION TYPE: SUBDIVISION _____ RESUBDIVISION _____

Applicant:

Mailing Address: _____
Telephone Number: _____
Mobile Telephone: _____

Owner:

Mailing Address: _____
Telephone Number: _____
Mobile Telephone: _____

Project Leader:

Mailing Address: _____
Telephone Number: _____
Mobile Telephone: _____

PROPERTY LOCATION: _____

Parcel Information:

M/B/L#: _____ Zoning District: _____
Lot Size: _____ Street Frontage: _____

Town or State Road: _____

Nearest Intersection: _____

Is any portion of the property within 500 feet of the Town Boundary? _____

Are there any easements or deed restrictions that affect the proposed project? _____

If yes, please describe: _____

Flood Zone: _____
Square Feet: _____

Wetlands/Watercourses: _____
Proposed Number of Lots: _____

Subdivision/Resubdivision Application Form
Page 3 of 3

The undersigned owner, or agent, hereby consents to necessary and proper inspections of the subject property(ies) by agents of the Commission at reasonable times both before and after a permit is granted by the Commission.

The undersigned declares all information supplied is accurate to the best of his/her knowledge and belief. If such information subsequently proves to be false, deceptive, incomplete, or inaccurate, the permit may be modified, suspended or revoked, by the Commission or its agents.

Applicant's Printed Name

Date:

Applicant's Signature

Date:

Owner's Printed Name

Date:

Owner's Signature

Date:

Project Leader's Printed Name

Date:

Project Leader's Signature

Date: