



Application for Subdivision/Re-subdivision

Application Number:	<input type="text"/>	Receipt Date:	<input type="text"/>
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Applicant Information:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ E-mail: _____

Owner of Record:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ E-mail: _____

Project Leader (Primary Contact for Town)

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ E-mail: _____

Property Location: _____Assessor Parcel Information: Map: Lot: Number of New Lots Proposed: Zoning District
Of Property:

R40 - R60 - R80 - C - HC - I - ED-RC

Restrictive
Overlay Area:

N/A - VPOA - APOA - WPOA - SUOA

Does the property being subdivided or re-subdivided abut the Town Line
or include land in a neighboring town? Yes No Are public sewers proposed? Yes No Is a community water system proposed? Yes No The applicant and property owner above agree to comply with all Town of North Stonington Ordinances
and Zoning Regulations relative to the establishment of this Subdivision or Re-subdivision._____
Date_____
Signature (Applicant)_____
Date_____
Signature (Property Owner of Record)