

SUBDIVISION OR RE-SUBDIVISION

TOWN OF EAST WINDSOR ♦ Planning and Zoning Application #

Planning & Zoning Department ♦ Town Hall ♦ 11 Rye Street Broad Brook, Connecticut 06016 ♦ (860)-623-6030 Fax (860)-623-4798

Application Type: [CHECK ONE OR MORE OF THE FOLLOWING]

☐ **Subdivision:** _____ # of lots ☐ **Resubdivision:** _____ # of

☐ **Special Use Permit:** (CHECK ONE OF THE FOLLOWING)

☐ *Rear Lot* _____ # of rear lots

☐ *Excavation*

☐ *Other Special Use Permit:* (EXPLAIN) _____

☐ **Other Applications:** (EXPLAIN) _____

Complete all of the following information on the subject property: (please attach copy of Assessor's Street Card)

_ Property Address/location of proposed activity: (#/street) _____

_ Assessor's Map No. _____ Block No. _____ Lot No. _____

_ Zone District: _____ | _ Total Parcel Area (acres) _____

_ Property is served by: [Check One] ☐ *private well* ☐ *public water* ☐ *septic system* ☐ *public sewer*

_ Is a Referral necessary: [Check One] ☐ *Abutting Town* ☐ *CRGOG* ☐ *Inland Wetlands*

_ Precise amount of impervious surface as a result of this proposal _____

_ Is the property within 500' of an adjoining municipality? ☐ **Yes** ☐ **No**

Project Name & Description/Narrative, i.e., *residential, commercial*, (number of lots, phases, if applicable)

Note: In accordance with Connecticut General Statutes, Section 8-7c, applicant shall provide disclosure of all names of individuals affiliated with Trusts, LLPs and LLCs.

***Applicant Name:** _____ Phone () _____

Address: (mailing) _____

♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

***Owner Name:** (if not applicant) _____ Phone () _____

Owner Address: (mailing) _____

Who will be representing this application? List the contact person for staff inquiries below.

Name: _____

Phone() _____ Cell/Pager _____ Fax() _____ E-mail _____

***This application is not valid unless owner signs on back of this form.**

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Area being subdivided or re-subdivided _____ (in acres) _____ (in square feet)
Number of lots proposed _____
How much remaining land for future re-subdivision will be left over? _____

OPEN SPACE REQUIREMENTS - Section 7 of the East Windsor Subdivision Regulations require that open space, or a fee in lieu thereof, be granted to the Town.

Provide a narrative detailing the method you are proposing to employ. Refer to Section 7 of the East Windsor Subdivision Regulations for specific requirements.

(CHECK ONE OF THE FOLLOWING) ☐ **Flat Fee** ☐ **Appraisal Method** ☐ **Donation of Land**

If you propose a dedication of open space, you must attach a warrantee deed with a legal description of the boundaries, and a survey map of the proposed open space parcel conforming to Class A-2 survey accuracy. The instrument of conveyance must be approved by the Town Attorney, then referred to a Town Meeting by the Board of Selectmen to schedule a public hearing to accept or reject the parcel. Be advised that if the parcel is not accepted, the applicant remains responsible for the fee in lieu of open space. Final mylars can not be recorded until this issue is resolved.

REQUEST FOR WAIVERS - The Town of East Windsor Subdivision Regulations are specific as to waivers. If the applicant seeks a waiver to any section or specification within the subdivision regulations, indicate below and attach additional sheets if needed:

- ◆ Waiver Request for Section _____
Reason Needed _____
- ◆ Waiver Request for Section _____
Reason Needed _____
- ◆ Waiver Request for Section _____
Reason Needed _____

UTILITIES - CHECK ALL THAT APPLY. PROVIDE ASSOCIATED AND SUPPORTING DOCUMENTATION FROM AUTHORIZED UTILITY.

- ☐ North Central Health District
- ☐ Connecticut Water Supply
- ☐ East Windsor Water Pollution Control Authority

Describe method of water supply _____

Describe method of sanitary disposal _____

The undersigned hereby permits town staff and commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statement and representations contained in all supporting documents herewith are true.

X _____
APPLICANT'S SIGNATURE **DATE**

X _____
OWNER'S SIGNATURE (IF NOT APPLICANT) **DATE**

FOR OFFICE USE ONLY This application was received at the East Windsor Planning Department on:
Date _____ **Fee Paid: \$** _____ **Check #** _____