



**STAMFORD PLANNING BOARD
 APPLICATION FOR THE SUBDIVISION OF PROPERTY**

Forward to the Planning Board office 12 copies of the Preliminary Subdivision Plan certified by Registered Land Surveyor.

Fees:

Two Lots.....	\$250.00	Each Additional Lot.....	\$200.00
Three Lots.....	\$325.00	Public Hearing Fee.....	\$500.00

LIST NAMES(S) _____

ADDRESS(ES) OF APPLICANT(S): _____

INFORMATION ABOUT PROPERTY BEING SUBDIVIDED

LOCATION OF PROPERTY PROPOSED FOR SUBDIVISION:

BLOCK NO.: ZONE: NUMBER OF LOTS AFTER DIVISION:

IF NEW STREETS ARE PROPOSED,
 PROPOSED STREET
 NAMES: _____

NAME & ADDRESS TO WHICH ALL CORRESPONDENCE SHOULD BE SENT:

 _____ PHONE: _____

.....
 DATED AT STAMFORD, CONN., THIS _____ DAY OF _____

THE APPLICANT HAS SEARCHED TITLE AND WILL ABIDE BY EXISTING DEED
 RESTRICTION AND COVENANTS WHICH EXIST, OR SWEARS THAT NONE EXIST.

SIGNED BY: _____ (Owner or Agent)

.....
 STATE OF CONNECTICUT
 COUNTY OF FAIRFIELD ss Stamford _____ 200

personally appeared _____ signer of the foregoing
 Application, who made oath to the truth of the content hereof, before me, and also swears
 that there is no injunction of pending litigation concerning this property.

Seal _____
 Notary Public - Commissioner of the Superior Court

DO NOT FILL IN BELOW. FOR PLANNING DEPARTMENT USE ONLY

RECEIVED: _____ APPLICATION NO.

EPB _____ HEALTH _____ TRAFFIC _____ ENG _____ FIRE _____

EXTENSION OF TIME _____ OTHER _____

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