



STAMFORD PLANNING BOARD
APPLICATION FOR THE SUBDIVISION OF PROPERTY

Complete, notarize and forward twelve (12) copies of the application and a **Preliminary Subdivision Plan certified by a Registered Land Surveyor** to the Clerk of the Planning Board with the requested application filing fee (see **Fee Schedule below**) payable to the City of Stamford. **NOTE: Include the \$1,000.00 Public Hearing Fee if three (3) or more lots. COST OF REQUIRED ADVERTISEMENTS ARE PAYABLE BY THE APPLICANT.**

Fees:

Two (2) Lots	\$335.00
Three (3) Lots or More	\$275.00 plus \$300.00 for each lot in excess of the first two (2) lots
Public Hearing Fee	\$1,000.00 (Required for 3+ Lots)

LIST NAME(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 STREET(S) IS/ARE PROPOSED, PROPOSED STREET NAME(S):

NAME & ADDRESS TO WHICH ALL CORRESPONDENCE SHOULD BE SENT:

 _____ PHONE: _____

.....

DATED AT STAMFORD, CONNECTICUT THIS _____ DAY OF _____

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

SIGNED BY: _____ (Owner or Agent)

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STATE OF CONNECTICUT
 COUNTY OF FAIRFIELD ss:) Stamford _____ (Date)

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 or Commissioner of the Superior Court
 Commission Expires: _____

DO NOT FILL IN BELOW. FOR PLANNING DEPARTMENT USE ONLY.

RECEIVED: _____ APPLICATION NO.

EPB _____ HEALTH _____ TRAFFIC _____ ENGINEERING _____ FIRE _____

EXTENSION OF TIME _____ OTHER _____