

APPLICATION FOR SUBDIVISION REVIEW

Owner(s)	Address	Phone	Email

CONTACT PERSON(s) (if different): _____ Address: _____

Email: _____

Phone: _____ Cell Phone: _____

PARCEL INFORMATION: Location: _____

Tax Map Section: _____ Block: _____ Parcel(s): _____

Total contiguous acreage of owner _____ acres

Total number of proposed lots: _____ / Size of each: _____ acres _____ acres _____ acres

EXISTING RESTRICTIONS, EASEMENTS OR COVENANTS ON PARCEL: _____

UNPAID PROPERTY TAXES OR MONIES DUE TO THE TOWN OF COLCHESTER? () Yes () No

REQUESTED EXCEPTIONS: The Planning Board is hereby requested to authorize the following exceptions to, or waivers of, its regulations governing subdivisions. Please list exception or waiver requested with reason(s).

NAME OF ENGINEER/LAND SURVEYOR: _____ Address: _____

Email: _____

Phone: _____ Cell Phone: _____

SIGNATURE OF OWNER(s): _____

Date: _____

Date: _____

Date: _____

PLANNING BOARD ACTION:

() Approved

() Conditionally Approved

() Disapproved

Signature

Title

Date