

APPENDIX A

SUBDIVISION APPLICATION

Sprague Planning and Zoning Commission

(To be filled in by Sprague Planning and Zoning Commission)

Date Submitted: _____ Filing Fee received: _____

Date of Receipt: _____ Date of Hearing: _____
(If required)

Date of Action: _____ Signature: _____

Approved: _____ Disapproved: _____

(To be filled in by Applicant)

Name: _____ Phone #: _____

Address: _____ Email: _____

Title and Date of Map: _____

Location of Property: _____

Name and Connecticut Registration number of Land Surveyor or Engineer:

Preparing Map: _____

Preparing Construction Plans: _____

Name and Address of record owner of property. If a corporation, please list the principal officers:

Number of Lots: _____

Names and Addresses of all owners of record abutting this subdivision:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Source of data for maps: Survey: _____ Other: _____

Describe: _____

Data submitted with this application. Describe: _____

The undersigned hereby acknowledges having read the Subdivision Regulations of the Town of Sprague, as amended to date, and that this application to the best of his or her knowledge conforms to these Regulations and that approval of the plan is contingent upon compliance with all requirements of the said Subdivision Regulations. The undersigned hereby authorizes the Sprague Planning and Zoning Commission, or their agents, to enter upon the property to be subdivided for the purpose of inspection and enforcement of said Subdivision Regulations.

Signed: _____
Applicant

Date: _____

Signed: _____
Owner *(If different than Applicant)*

Date: _____