

SUBDIVISION or RESUBDIVISION

Town of Union, Connecticut

Planning and Zoning Commission 1043 Buckley Highway Union, CT 06076

Application Type: Subdivision: _____ # of lots
 Resubdivision: _____ # of lots

Complete all of the following information on the subject property:

- Property address/ location of proposed activity: _____

- Assessors Map No. _____ Block No. _____ Lot No. _____
- Is a referral necessary: Abutting town, NECOG, Inland Wetlands
- Is the property within 500 feet of an adjoining town: Yes No

Project name & narrative/description: i.e. residential, commercial, (number of lots, phases, if applicable) _____

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

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

Owners Name: _____ **Phone ()** _____
Address: (mailing) _____

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

Name: _____
Phone () _____ **Cell ()** _____ **E-Mail** _____

Note: This application is not valid unless owner signs the back of this form.

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Area being subdivided or resubdivided _____ (in acres) _____ (in square feet)

Number of lots proposed _____

How much remaining land for future resubdivision will be left over? _____

OPEN SPACE REQUIREMENTS Section 3.9 of the Town of Union Subdivision Regulations requires that land for parks, playground, recreation areas and open space shall be provided and reserved in each subdivision. Provide a narrative detailing the method you are proposing to employ.

(check one of the following) Appraisal method Donation of land

Refer to Section 3.9 to insure compliance.

REQUESTS FOR WAIVERS If the applicant seeks a waiver to any section or specification within the regulations, indicate below and attach additional sheets if needed.

- Waiver Needed for Section _____
Reason Needed _____

- Waiver Needed for Section _____
Reason Needed _____

- Waiver Needed for Section _____
Reason Needed _____

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.

Applicant's signature

Date

Owner's signature

Date

FOR OFFICE USE ONLY

Application was received by the Union Planning & Zoning Commission on: _____

Fee paid: _____

