

**TOWN OF LEDYARD
APPLICATION FOR SUBDIVISION OF LAND**

Application # _____

Receipt Date _____

Submitted _____

Name of Subdivision or Modification _____

_____ Dated _____

Total Acreage of Proposed Subdivision _____ Zoning District _____

Number of Lots After Subdivision _____

Applicant _____ Owner of Record _____

Address _____ Address _____

Telephone _____ Telephone _____

- **If applicant and owner of record are not the same, attach written proof of authority to act for owner.**
- **If applicant or owner of record is a corporation, attach list of corporate officers and designated authority of individuals to sign legal documents.**

LOCATION:	<u>Assessor's Map #</u>	<u>Lot #</u>	<u>Street Name</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Surveyor _____ Engineer _____

Address _____ Address _____

Telephone _____ Telephone _____

- Is open space proposed? Yes _____ No _____
 - Acreage _____
- Does this subdivision involve new streets or improvements to any existing street?

Yes _____ No _____

 - Linear feet of new street _____

List of existing structures and/or easements: _____

Proposed utility systems to serve building lots:

Water: On-Site Well _____ Community Supply _____

Sewage: On-Site Septic _____ Community Sewage _____

List existing or potential hazards existing within or contiguous to parcel to be subdivided (steep cliffs, high pressure gas lines, power transmission lines, buried utilities, land subject to flooding, oil storage, weapons storage bunkers, etc.):

Is this application a resubdivision? If yes, indicate date(s) of earlier subdivision(s): _____

CERTIFICATION:

I hereby certify that I have read and fully understand all provisions of the Regulations Governing the Subdivision of Land for Ledyard, Connecticut, and, if applicable, the Ledyard Zoning Regulations, the Town Road Ordinance (Ordinance #45), or Town Stormwater Management Ordinance (#44), and that, to the best of my knowledge, the proposal contained herein is in compliance with these Regulations and Ordinances.

 Signature of Applicant

 Month/Day/Year

IWWC Application # _____

IWWC Application Date: _____

Public Hearing Date(s) _____

Final Decision Date: _____

Action: Approved _____ Approved with Modifications _____ Denied _____

FEE: _____ + \$30.00 State Fee: _____

DATE PAID: _____ RECEIPT #: _____