

**APPLICATION FOR APPROVAL OF SUBDIVISION OR RESUBDIVISION OF LAND**

Pursuant to the Subdivision and Other Land Use Regulations of the Town of Cheshire, Connecticut, effective December 28, 1971, and all subsequent amendments thereto, the undersigned hereby makes application for approval of subdivision or resubdivision, (circle one), of a parcel of land described as follows:

NAME OF STREET: \_\_\_\_\_

APPROX. NO. OF ACRES \_\_\_\_\_ ZONE \_\_\_\_\_

ASSESSOR'S MAP NO. (S) \_\_\_\_\_ LOT NO. (S) \_\_\_\_\_

NO. OF PROPOSED LOTS \_\_\_\_\_

NAME OF PROPOSED SUBDIVISION \_\_\_\_\_

In accordance with the requirements of Sections 3.1.1, 3.1.2, and Section 4 of the Subdivision and Other Land Use Regulations of the Town of Cheshire, Connecticut, the following maps and documents are submitted as comprising the complete application:

- 1) 6 white prints of the **subdivision map**;
- 2) 6 white prints of the **topographic** and contour map;
- 3) 6 white prints of road & **drainage plans** and profiles;
- 4) 6 white prints of the **grading/regrading** and **erosion control map** showing public service facilities and typical details;
- 5) Sanitation Certificate accompanied by Engineer's Report, WPCA approval, or Feasibility Letter;
- 6) Drainage and other easements and/or right-of-ways;
- 7) Check, made payable to "Collector, Town of Cheshire", in full payment of fee - \$ \_\_\_\_\_

Schedule of Fees:

Subdivision/Resubdivision – \$310.00 base fee\*, \$100.00/lot, and \$50.00 per each 100 linear foot of road.

Cluster Subdivision - \$360.00 base fee\*, \$235.00\* Special Permit Fee, \$100.00/lot, \$50.00 per each 100 linear foot of road.

\*Includes \$60.00 for State of Connecticut Fee.

NOTE: In order to expedite the review of this application and to avoid unnecessary delay, it is important that the applicant and the land surveyor (and/or professional engineer) who shall prepare the maps and other plans shall carefully review the Subdivision and Other Land Use Regulations, especially Sections III and IV, to be certain that the plans comply with all requirements contained therein.

Submission to the Planning Office must be not less than seven (7) days prior to the next meeting of the Planning & Zoning Commission.

Applicant's Name \_\_\_\_\_  
(Print or Type)

Applicant's Address \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX # \_\_\_\_\_

Owner's Name \_\_\_\_\_  
(Print or Type)

Owner's Address \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Agent, if other than applicant, to be contacted with regard to this application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX # \_\_\_\_\_

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IN THE CASE OF RESUBDIVISION OF LAND, PLEASE SUBMIT ALONG WITH THE APPLICATION A LIST OF ALL ABUTTING PROPERTY OWNERS AND THEIR ADDRESSES (including those across any street).

Disclaimer: Additional information may be required, please contact the Planning office for complete application packets.

THE FOLLOWING IS A CHECK LIST TO ENSURE THAT ALL NECESSARY INFORMATION HAS BEEN FILED WITH THE PLANNING OFFICE:

Rev. May 15, 2009

PLEASE CHECK ONE

YES

NO

- |  |     |     |  |
|--|-----|-----|--|
| 1. Is the property or properties located in the Aquifer Protection Zone?   | ( ) | ( ) |  |
| If "yes", is the proposed use a regulated activity?<br>(Use involving hazardous materials)<br>(if "yes", contact the Planning Office)  | ( ) | ( ) |  |
| 2. Is the property located in the public water supply watershed area?  | ( ) | ( ) |  |
| If "yes", has a watershed notification been sent to the RWA?   | ( ) | ( ) |  |
| 3. Are there any wetlands or watercourses on the property or properties?   | ( ) | ( ) |  |
| If "Yes", has an Inland Wetlands/Watercourses permit been filed? – Must be submitted to Inland Wetland & Watercourse Commission prior to filing with the Planning and Zoning Commission.                 | ( ) | ( ) |  |
| If "No", include a statement on the Site Plan.   |     |     |  |
| 4. Is the property located in the Flood Plain?   | ( ) | ( ) |  |
| If "Yes", has Section 46 of the Zoning Regulations, "Flood Plain Management", been addressed?  | ( ) | ( ) |  |
| 5. Are variances required?   | ( ) | ( ) |  |
| 6. Is the property located within a public water supply watershed area? (Map located in the Planning Office)<br>(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53) | ( ) | ( ) |  |

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By signing this checklist, I hereby acknowledge full responsibility that the information provided is true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TOWN OF CHESHIRE**

**APPLICATION CHECKLIST**

PLEASE INITIAL EACH ONCE COMPLETED

1. \_\_\_\_\_ Completed application – including owner’s signature(s) as recorded on land records.
2. \_\_\_\_\_ Check made payable to “Collector, Town of Cheshire”
3. \_\_\_\_\_ Six (6) sets of plans.
4. \_\_\_\_\_ Sanitation Certificate **approved** by Chesprocott **or** Letter of Feasibility **MUST BE SUBMITTED WITH YOUR APPLICATION.**
5. \_\_\_\_\_ Waiver requests if applicable on subdivisions – include the hardship and/or reason for waiver.
6. \_\_\_\_\_ Enhanced Notice if applicable.
7. \_\_\_\_\_ Notification to the CT Dept. of Public Health if located within a public water supply aquifer protection area or watershed area.

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7/96

REV. 1/24/02, 10/8/02, 8/22/05, 10/06, 5/14/10

**APPLICATION FOR SANITATION CERTIFICATE** (To Be Completed by Applicant)

NAME OF DEVELOPMENT OR PROJECT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

APPROX. NO. OF ACRES \_\_\_\_\_ ZONE \_\_\_\_\_ NO. OF LOTS \_\_\_\_\_

**SOURCE OF WATER SUPPLY:**

Public Water Supply \_\_\_\_\_

Community Well \_\_\_\_\_

Individual Wells \_\_\_\_\_

**METHOD OF DISPOSAL OF SANITARY WASTE:**

Connect to Public Sanitary Sewer System \_\_\_\_\_

Project is Located in Class \_\_\_\_\_ District \_\_\_\_\_

Report by Water Pollution Control Authority Attached \_\_\_\_\_

Install Dry Sanitary Sewers for Future Connection

and On-site Sub-Surface \_\_\_\_\_

Sanitary Disposal Systems for Immediate Short-term Use \_\_\_\_\_

Install On-Site Sub-surface Sanitary Disposal

System for Long-term Use \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

(Print or Type)

SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

(Print or Type)

SIGNATURE OF OWNER: \_\_\_\_\_

(Chesprocott Health District To Complete This Section)

**SANITATION CERTIFICATE**

I have reviewed the plans for the above project with regard to on-site sewage disposal and have received the following information from a Qualified Connecticut Registered Engineer:

- 1. Results of Percolation Tests \_\_\_\_\_
- 2. Log of Strata Holes \_\_\_\_\_
- 3. Results of Rock Probes \_\_\_\_\_
- 4. Other \_\_\_\_\_

It is my opinion that:

\_\_\_\_\_  
Sanitarian, Chesprocott Heath District

\_\_\_\_\_  
Date

This certificate relates only to the feasibility of an on-site disposal system based on information submitted by the applicant's engineer. It does not constitute approval of the design or location of such a system, which must be submitted to Chesprocott Health District after approval of project by the Planning & Zoning Commission.

Date Received by Commission Staff: \_\_\_\_\_

Date Accepted by Planning & Zoning Commission: \_\_\_\_\_