

Date: _____

**Town of Ledyard
Planning Department
Free Split/Merger/Boundary Adjustment Compliance**

This form must be signed by all parties and submitted to the Town Clerk when plans are filed. Please return completed form to Planning Department. Department review of plans is authorized by C.G.S. § 20-304.

Address of subject property: _____

Zoning District: _____ Assessor's Map #: _____

Owner of Record: _____

Owner's Address: _____

_____ Telephone #: _____

Check one: Free Split Merger Boundary Adjustment

<p>For Merger or Boundary Adjustment: Address(es) and names of owners of all effected properties not listed above:</p> <p>_____</p> <p>_____</p> <p>Purpose of merger or boundary adjustment:</p> <p>_____</p> <p>Description of Merger or Boundary Adjustment: Attach copy of survey plan showing existing and proposed boundaries. Survey plans must address items as per pertinent sections of the Zoning Regulations, Health Code and Town Road Ordinance. Filed deeds must reflect new boundary.</p>
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<p>For Free Split: Purpose of Free Split: _____</p> <p>Description of Free Split: Attach copy of the survey plans showing existing and proposed lots. Provide evidence that division is, in fact, a free split. Survey plans must address items as per pertinent sections of the Zoning Regulations, Health Code and Town Road Ordinance. Filed deeds must reflect new boundary.</p>

Zoning/IWWC Official: _____ Date: _____

Planning Director: _____ Date: _____

Ledge Light Health District: _____ Date: _____

Map # _____ Date: _____

IMPORTANT NOTE: TOWN SIGNATURES ON FORM AND ACCEPTANCE BY THE TOWN DOES NOT IMPLY OR GUARANTEE THAT AFFECTED LOTS CAN BE BUILT ON OR FURTHER DEVELOPED IN ANY WAY. 11/03/05