

**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 #: \_\_\_\_\_