

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 _____

*(See attached checklist for over 5 acres)

ASSESSOR'S MAP NO.(S) _____ LOT NO.(S) _____

NUMBER 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**
- (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/Resubdivison - \$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 and Zoning Commission.

Applicant's Name _____
(Print or Type)

Applicant's Address _____

Applicant's Signature _____

Telephone Number _____ E-Mail _____

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 _____ E-Mail _____

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:

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?
(Use involving hazardous materials)
(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. Are variances required? | () | () |
| 5. Is the property located within a public water supply watershed area?(Map located in the Planning Office)
(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53) | () | () |

***Advisory Notice to Applicants:**

Applicants are hereby advised that The State of Connecticut Department of Energy and Environmental Protection (DEEP) requires that areas of proposed disturbance of 5 acres or more must apply to the CT DEEP for “General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities”. Prior to initiating any development activities it is the Permittee’s responsibility to ascertain if they are subject to the general permit requirements. For further information, please contact DEEP: https://www.ct.gov/deep/lib/deep/permits_and_licenses/water_discharge_general_permits/storm_construct_gp.pdf

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.

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:

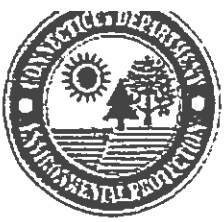
_____ Date

Sanitarian, Chesprocott Heath District

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: _____



Connecticut Natural Diversity Data Base Review Request Form

Please complete this form *only* if you have conducted a review which determined that your activity is located in an area of concern.

Name:

Affiliation:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Project or Site Name:

Project Location

Town:

USGS Quad:

Brief Description of Proposed Activities:

Have you conducted a "State and Federal Listed Species and Natural Communities Map" review?

Yes No Date of Map:

Has a field survey been previously conducted to determine the presence of any endangered, threatened or special concern species? Yes No

If yes, provide the following information and submit a copy of the field survey with this form.

Biologists Name:

Address:

If the project will require a permit, list type of permit, agency and date or proposed date of application:

(See reverse side - you must sign the certification on the reverse side of this form)

The Connecticut Natural Diversity Data Base (CT NDDB) information will be used for:

- permit application
- environmental assessment (give reasons for assessment)

- other (specify):

"I certify that the information supplied on this form is complete and accurate, and that any material supplied by the CT NDDB will not be published without prior permission."

Signature

Date

All requests must include a USGS topographic map with the project boundary clearly delineated.

Return completed form to:

WILDLIFE DIVISION
BUREAU OF NATURAL RESOURCES
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM ST, 6TH FLOOR
HARTFORD, CT 06106-5217

* You must submit a copy of this completed form with your registration or permit application.

SUBDIVISION MAP – CHECKLIST

Subdivision Record Map

1. Proper Map Scale
2. Key/Locality Sketch
3. Bearings/Azimuths and Distances
4. North Arrow
5. Title Block Information
6. Final Inland Wetland Boundaries With Non-Encroachment Note
7. Sightline Easements
8. Sanitary and Storm Drainage Easements
9. Major Streams and Ponds
10. Zoning District
11. Special Notes as Depicted on page 3
12. A-2 Certification and Land Surveyor's ORIGINAL SEAL
13. Abutting Property Owners
14. Approved House Numbers
15. Approved Lot Numbers
16. Areas
17. Assessor's Mylar

Topographic Map

1. Proper Map Scale
2. Two Foot Contours
3. U.S.G.S. Datum and Bench Marks
4. Sanitary Sewer and Storm Drainage Design Information
5. Easements
6. Grading Plan
7. Existing and Proposed Utilities
8. Street Lighting
9. Erosion Controls

Plan and Profile Sheets

1. Proper Scales
2. Sanitary Sewer and Drainage Design Information
3. Proposed and Existing Utilities
4. Roadway Geometry
5. Typical Sections and Details
6. Bench Marks
7. Street Lighting
8. Easements
9. Finish Grades Every 50 Feet (Including Vertical Curve Information)
10. Professional Engineer's ORIGINAL SEAL

I have reviewed the above checklist in regard to the submitted subdivision maps.

Land Surveyor/Engineer

Date

