



TOWN OF SOMERS PLANNING COMMISSION
600 Main Street, Somers, CT 06071

APPLICATION FOR: Division of Land Reconfiguration of Land APPLICATION # _____

NAME AND ADDRESS
OF OWNER(S) OF LAND: _____

TELEPHONE: _____ EMAIL: _____

DATE OF SUBMISSION: _____

Location(s) in the Somers Land Records of the most recently recorded warranty or quitclaim deeds to the lot(s), tract(s), or other parcel(s) to be divided or reconfigured:

FIRST PARCEL: Volume: _____ Page: _____

SECOND PARCEL: Volume: _____ Page: _____

THIRD PARCEL: Volume: _____ Page: _____

LOCATION OF NEAREST STREET(S):

First Parcel: _____

Second Parcel: _____

Third Parcel: _____

If additional parcels are involved, attach a separate sheet listing the nearest street(s) for each.

Location(s) of the parcel(s) to be divided or reconfigured in the records of the Somers Assessor:

FIRST PARCEL: Map: _____ Block: _____ Lot: _____

SECOND PARCEL: Map: _____ Block: _____ Lot: _____

THIRD PARCEL: Map: _____ Block: _____ Lot: _____

PROPERTY
LOCATION: _____
STREET ADDRESS MAP-BLOCK-LOT

If additional parcels are involved, attach a separate sheet listing the map, block and lot number for each.

(SEE REVERSE SIDE)

Attach a map showing, to scale, all parcels affected by the division or reconfiguration; including both existing and proposed lot lines.

Explain briefly why you believe the division or reconfiguration does not constitute a subdivision or resubdivision:

Signature of owner or agent (circle appropriate designation):

**Signature of an agent shall be deemed to constitute a representation that the agent has proper legal authority to sign this application on behalf of the owner.*

SIGNATURE OWNER / AUTHORIZED AGENT DATE: _____

If agent signs, print or type name and address of agent/firm:

Town Sanitarian DATE: _____

Engineer DATE: _____

Chairman, Planning Commission DATE: _____