

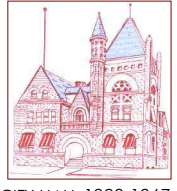


CITY OF WEST HAVEN, CONNECTICUT

Planning and Development Department

City Hall | 355 Main Street | Third Floor
Phone 203.937.3580 Fax 203.937.3742

West Haven, Connecticut 06516-0312
E-Mail: planning@cityofwesthaven.com



CITY HALL 1898-1967

APPLICATION FOR A SUBDIVISION OR RESUBDIVISION

1. LOCATION OF PROPERTY:

STREET ADDRESS;

TAX MAP PARCEL

ZONING DISTRICT

2. OWNER OF PROPERTY:

3. ADDRESS OF OWNER:

4. TELEPHONE NUMBER: E-MAIL ADDRESS

5. NAME OF APPLICANT:

6. ADDRESS OF APPLICANT:

7. TELEPHONE NUMBER: E-MAIL ADDRESS

8. ATTORNEY:

9. ADDRESS:

10. TELEPHONE NUMBER: E-MAIL ADDRESS

11. WAS A VARIANCE GRANTED FOR LOT SIZE OR OTHER REQUIREMENTS? _____

VARIANCE # _____ DATE OF VARIANCE _____
(ENCLOSE A COPY OF THE RECORDED VARIANCE)

12. SIGNATURE OF APPLICANT: DATE

13. SIGNATURE OF OWNER AUTHORIZING THIS APPLICATION:

14. NAME OF SURVEYOR:

15. ADDRESS:

16. TELEPHONE NUMBER: E-MAIL ADDRESS

17. NAME OF SITE ENGINEER:

18. ADDRESS:

19. TELEPHONE NUMBER: E-MAIL ADDRESS

20. DESCRIBE WHAT CONSIDERATIONS HAVE BEEN MADE TO OBTAIN SOLAR ACCESS FOR THE PROPOSED LOTS.

21. DESCRIBE WHAT DESIGN FEATURES HAVE BEEN INCORPORATED IN THE PLAN TO ENSURE A SAFE AND SMOOTH VEHICULAR TRAFFIC FLOW WITHIN THE DEVELOPMENT AND THE ADJACENT NEIGHBORHOOD.

22. DESCRIBE WHAT MEASURES HAVE BEEN TAKEN TO MINIMIZE DISTURBANCE TO THE ENVIRONMENT AND SHOW THE PROPOSED LANDSCAPING WITHIN THE DEVELOPMENT.

23. DESCRIBE THE MEASURES TO BE TAKEN TO PROVIDE ADEQUATE EROSION AND SEDIMENTATION CONTROL. (INCLUDE A PLAN FOR SOIL EROSION AND SEDIMENT CONTROL).

24. DESCRIBE EXISTING AND PROPOSED EASEMENTS AND/OR RIGHTS OF WAY IN ADDITION TO THE PROPOSED STREETS.

25. DESCRIBE ANY EXISTING AND/OR PROPOSED RESTRICTIONS OR COVENENANTS WHICH RUN WITH THE LAND OR LOTS.

NOTICE: BY FILING THIS APPLICATION, OWNER AND APPLICANT CONSENT TO SITE INSPECTIONS BY CITY STAFF AND/OR COMMISSIONERS