



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612
Telephone: (203) 268-6291
Town Website: eastonct.gov

MAP SIGN-OFF for DIVISION of LAND / LOT REVISION

- Survey\* (2 copies) showing proposed location
Proof of Health Department Approval
Certified Title Search/Chain of Title, as required
This determination is NOT an endorsement of the accuracy of the map by the Town of Easton, or any Board, Commission, Agency, or any official agent, or employee of the Town.
Application MUST be complete in full or it will not be processed
Check made out to the "Town of Easton"

Office Use Only
Date Submitted:
Lot Division/Revision: \$ 100.00
State Land Use Fee: + \$ 0.00
Total Fee Due: \$ 100.00

\* Improvement Location Survey by a surveyor licensed in the State of Connecticut

Property Address

Owner of Record: ; Owner Phone #:

Applicant (if different): ; Applicant Phone #:

Approved Subdivision Map Title:

Date: ; Land Record Map Number:

Volume/Page Number of Property Deed(s): Vol. / Pg.; Vol. / Pg.

Variance Approval # (if any):

Reason for Request:

I, the undersigned, hereby consent to necessary and proper inspection of the subject premises by a representative of the Planning and Zoning Commission, at reasonable times, both before and after any permit applied for has been granted by the agency. Further, I hereby certify that the above answers are correct and true and that I shall conform to the requirements of the Easton Zoning Regulations.

Owner Signature\*\*: Applicant Signature:

Print Name: Date: Print Name: Date:

\*\* In lieu of Owner Signature, the applicant must submit an authorization letter from the owner to apply for Land Use Applications on their behalf.

