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| **FOR:** **NOTIFICATION OF PROPOSED SUBDIVISION AT MUNICIPAL BOUNDARY***Please fill in, save a copy for your records and send with appropriate attachments by certified mail or electronically to:* **zoningref@crcog.org** |
| **FROM:** [ ]  Planning Commission  [ ]  Planning and Zoning Commission | Municipality:  |
| **TO:** Capitol Region Council of GovernmentsPolicy Development & Planning Department241 Main Street, Hartford, CT 06106 | Date of Referral:  |
| *Pursuant to the provisions of Section 8-26 of the General Statutes of Connecticut, as amended, the following proposed subdivision is referred to the Capitol Region Council of Governments for comment:* |
| The proposed subdivision is entitled:  |
| Number of Acres:  | Number of Lots to be Created:  |
| [ ]  will include or abut land in the following Capitol Region Municipalities:  |
| [ ]  will include or abut land in the following towns in adjacent regions:  |
| Name, Mailing Address, and e-mail of the Subdivision Applicant is:  |
| Additional Comments:  |
| DATE PUBLIC HEARING, IF ANY, IS SCHEDULED FOR:  |
| *MATERIAL SUBMITTED HEREWITH (at a minimum, a plot plan should be provided):* |
| [ ]  Application Form | [ ]  Engineering Plans/Profiles | [ ]  Other Specify:  |
| [ ]  Plot Plan | [ ]  Grading Plan |
| HAS THIS SUBDIVISION BEEN SUBMITTED PREVIOUSLY TO CRCOG? [ ]  YES [ ]  NO. IF YES, ON WHAT DATE:  |
|  **(FOR USE BY CRCOG)** | Name: |  |
| Date Received: | Title: |  |
| Sent certified/e-mail?  | Address:Phone:Email: |  |
| **File Number**  |