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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**](mailto:zoningref@crcog.org) | | | | | |
| **FROM:**  Planning Commission  Planning and Zoning Commission | | | | Municipality: | |
| **TO:** Capitol Region Council of Governments  Policy Development & Planning Department  241 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** | |