SUBDIVISION REFERRAL FORM



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 Governm Policy Development & Planning De 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	Engineering Plans/Profiles Other Specify:	
Plot Plan Grading Pla	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:	
	Address:	
Sent certified/e-mail?		
File Number	Phone: Email:	

BY LAW, THE PLANNING COMMISSION SHALL GIVE WRITTEN NOTICE OF ITS PROPOSAL TO THE REGIONAL COUNCIL OF GOVERNMENTS

NOT LATER THAN THIRTY DAYS BEFORE THE PUBLIC HEARING TO BE HELD IN RELATION TO THE SUBJECT SUBDIVISION.

NOTICE SHALL BE MADE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED OR BY EMAIL TO zoningref@crcog.org.

CRCOG-2017