TOWN OF COVENTRY
PLANNING AND ZONING COMMISSION

SUBDIVISION APPLICATION

Application information must be **completely** filled out (please type or print legibly).

APPLICATION IS FOR:  ☐ SUBDIVISION  ☐ RESUBDIVISION  ☐ OPEN SPACE

SUBDIVISION

TITLE OF SUBDIVISION ____________________________________________

STREET ______________________________________ ZONE(S) ______

ASSESSOR’S MAP ______ BLOCK ______ LOT ______

NO. OF PROPOSED LOTS _____ ACREAGE _______ NO. PROPOSED STREETS __

APPLICANT __________________________________ PHONE # ______

MAILING ADDRESS __________________________________ ZIP CODE ______

OWNER(S) OF RECORD ______________________________ PHONE # ______

MAILING ADDRESS ______________________________ ZIP CODE ______

ENGINEER/SURVEYOR ______________________________ PHONE # ______

MAILING ADDRESS ______________________________ ZIP CODE ______

*NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO WHOM ALL COMMUNICATIONS ARE TO BE ADDRESSED: ____________________________________________

__________.
*All correspondence for this application will be sent to this person only; it will be their responsibility to notify all others named on this application regarding changes to plans, meeting notices, etc.

~ APPLICATION POLICY ~

In order to provide a complete, timely, and legally compliant review of all subdivision applications, the Commission requires that all necessary information for filing of a formal subdivision application be filed with the signed application and fee at the time of submittal to the Planning office. The submittal requirements are outlined in Chapter III, Section 3, and are attached for clarification purposes.

This includes, but is not limited to any specific written requests for waivers of the subdivision regulations (i.e.: Open Space Subdivision Design) and supporting information for the Commission’s consideration (i.e.: alternative design proposals).

Any application found to be incomplete may be denied by the Commission without prejudice to a future complete application.