

DATE: _____

APPLICATION # _____

**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.