

PERMIT # _____	DATE _____	APPROVAL _____
RECEIPT _____	CHECK # _____	FEE _____

**TOWN OF MIDDLEFIELD
PLANNING AND ZONING COMMISSION**

APPLICATION FOR APPROVAL OF SUBDIVISION OR RESUBDIVISION

Applicant's Name: _____
 If applicant represents a corporation or partnership, give full name of same:

Address (for notices): _____ Phone: _____

Record Owner/Address: _____

Name, Address and license number of engineer or land surveyor: _____

Proposed name of Subdivision or Re-Subdivision: _____

Title and Date of Map: _____

Assessor's Map No. _____ Lot No. _____ Block No. _____ Zone _____ Deed Vol/Page: _____

Area of Property (in acres): _____ Number of proposed lots _____

Easements, deed restrictions, or other encumbrances upon the property: _____

Does the applicant propose to dedicate to public use all streets and public open spaces shown on the record subdivision map _____

Number of acres to be dedicated for public recreational facilities: _____

The owner and the Applicant hereby grant the Middlefield Planning and Zoning Commission and Board of Selectmen and their authorized agents permission to enter upon the property proposed for subdivision for the purpose of inspection and enforcement of the Subdivision Regulations of the Town of Middlefield.

(Signed) _____
 Applicant Date

(Signed) _____
 Owner Date

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 (FOR USE BY PLANNING AND ZONING COMMISSION)

Application No. _____ Subdivision _____ Re-Subdivision _____

Received by: _____ Date _____