

PERMIT # _____ DATE _____ APPROVAL _____ AMT _____

RECEIPT/CHECK# _____ FEE \$ 310.00 plus \$ 200.00 FOR EACH ADDITIONAL LOT

**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: _____

EMAIL: _____

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 _____