APPLICATION #SUBMITTAL DATE:	
Town of Montville Planning & Zoning Department Free Split/Lot Merger/Lot Boundary Line Adjustment Compliance Application Form	
This completed form must be signed by all parties of record and submitted to the Town Clerk when plans are filed. Please return completed form to the Planning & Zoning Department. Department review of plans is authorized by C.G.S. § 20-304.	
CHECK ONE: Free Split Lot Merger Boundary Line Adjustment	
Addresses of all Subject Properties (including Assessor Map/Block/Lot#): 1. 2.	
Names & Addresses of Owners of Record of all Subject Properties: 1. 2.	
Telephone Numbers & Email Addresses of Owners of Record: 1	
Agent Name, Address, Telephone & Email (if applicable):	
** Note: If there are more than two (2) Subject Properties, use additional sheet. **	
Zoning District(s) of all Subject Properties:	
LOTMERGER OR BOUNDARY LINE ADJUSTMENT PLANS: A Merger or Boundary Line Adjustment Plan prepared by a Licensed Land Surveyor and/or Professional Engineer as required shall be submitted with application showing existing and proposed conditions. The plan shall comply with all applicable local, stor federal requirements, including but not limited to, Zoning & Wetlands Regulations, Stormwater & Roordinances, CT Public Health Code, etc. New Deeds and Easements may be required to be filed at the tithe approved plan is filed and shall reflect proposed lots and plan conditions.	this ate oad
FREE SPLIT PLANS: A Free Split Plan prepared by a Licensed Land Surveyor and/or Professional Engine as required shall be submitted with this application showing existing and proposed lots. Evidence of eligible for creation of a Free Split lot is required. The plan shall comply with all applicable local, state or federequirements, including but not limited to, Zoning & Wetlands Regulations, Stormwater & Road Ordinano CT Public Health Code, etc. New Deeds and Easements may be required to be filed at the time the approximate plan is filed and shall reflect proposed lots and plan conditions.	ility eral es,
Signatures of Owners/Agents of Record of all Subject Properties:	
IDate:	
Print Name	

Print Name

Print Name

3.

Date:

Date:

Additional <u>Prop</u>	erty, Owner of Record, Age	ent Information, as needed:	
Additional Signa	itures/Dates, as needed:		
		Date:	
Print Name			
Print Name		Date:	
	SE ONLY BELOW THIS LINE**		
FUR STAFF US			
	STA	AFF APPROVALS	
1. ZONING	& WETLANDS OFFICIAL:		
Print Name		Date:	
Comments/Cor	iditions:		
2. PLANNI	NG DIRECTOR:		
		Date:	
Print Name			
Comments/Cor	ditions:		
3. UNCAS	HEALTH:		
Print Name		Date:	
Comments/Cor	ditions:		
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IMPORTANT NOTE: TOWN SIGNATURES ON FORM AND ACCEPTANCE BY THE TOWN DOES NOT IMPLY OR GUARANTEE THAT AFFECTED LOTS CAN BE BUILT ON OR FURTHER DEVELOPED IN ANY WAY.