



The Milford Health Department

82 New Haven Avenue ♦ Milford, CT ♦ 203-783-3287 ♦ Fax 203-783-3286

APPLICATION FOR SUBDIVISION OF LAND

Plan Review

Subdivision Name: _____

Number of Lots Proposed: _____

I (we) _____

Hereby make application for approval to subdivide the following property:

Street: _____

Map# _____ Block _____ Lot # _____ Zone: _____ Acres: _____

Type of water supply: ☐ Private Well ☐ Public Water

Sewage Disposal: ☐ Public Sewer ☐ Private septic system

Property Owner: _____ Phone #: _____

Address: _____

Mailing Address: _____

Project Engineer: _____ CT License #: _____

Address: _____ Phone #: _____

Has any previous application for the subdivision of this land been filed? ☐ Yes ☐ No

If yes, give date of application: _____

Applicant's Name: _____ PZB Decision: _____

Owner's Signature: _____

If appearing by Attorney or Agent, Name: _____

Address: _____

Phone #: _____

Applicant's Signature: _____ Date: _____

THIS APPLICATION IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE