



**PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD**

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

APPLICATION FOR SUBDIVISION MODIFICATION

Address of property: _____

Tax Map _____ Block _____ Lot _____ Zoning District _____

Date of approval of subdivision being modified: _____

Town Clerk's Map Number for subdivision being modified: _____

Are the lots served by on-site septic systems? Yes ____ No ____ Wells? Yes ____ No ____
If yes to either, submit approval letter from East Shore District Health Dept.

Provide on a separate sheet the reason why a modification is requested, and describe any change in facts or circumstances or any unforeseen natural or technical difficulties forming the basis for the request. (Per Section 6.10.A Line 2 of the Subdivision Regulations)

The owner and applicant hereby grant the Branford Planning and Zoning Commission and the Town Engineer and their authorized agents permission to enter upon the property proposed for subdivision modification under this application for the purpose of inspection, the conduct of tests and other actions related to the enforcement of the Subdivision Regulations of the Town of Branford.

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner's name _____

Applicant's name _____

Address _____

Address _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Signature _____

Signature _____

FOR OFFICE USE ONLY

Application # _____

Receipt Date _____

Fee Paid _____