

*Town of Hebron, Connecticut*



Town Office Building  
15 Gilead Street; Hebron, Connecticut 06248  
Phone: (860) 228-5971 Fax: (860) 228-5980

**SUBDIVISION APPLICATION**

- Subdivision       Re-Subdivision       Modification to Subdivision Plan

**Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Interest: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Attached is documentation verifying ownership of the property. (Required)

**Subdivision Specifications**

Subdivision Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zone: \_\_\_\_\_ Assessor's Map and Lot # : \_\_\_\_\_

Is the subject parcel within 500 ft. of the Town boundary?     Yes     No

Total Acreage: \_\_\_\_\_ Proposed Number of Building Lots: \_\_\_\_\_

Total Acreage of Open Space: \_\_\_\_\_ Total Acreage of Conservation Easement: \_\_\_\_\_

(Attach open space calculations showing compliance to Section 6.10 of the Hebron Subdivision Regulations)

New Roads:

Name: _____	Length: _____
Name: _____	Length: _____
Name: _____	Length: _____

**Subdivision Specifications (cont.)**

Water Supply: \_\_\_\_\_

Approved by Chatham Health District:       yes       no       n/a

Approved by State Health Department:       yes       no       n/a

Sewage Disposal: \_\_\_\_\_

Approved by Chatham Health District:       yes       no       n/a

Approved by State Health Department:       yes       no       n/a

Is the property subject to Wetland Regulations?       yes       no

**Signs**

Will any signs be erected?       yes       no

Location: \_\_\_\_\_

Nature of Lighting: \_\_\_\_\_ Size: \_\_\_\_\_

**Parties of Interest\***

Engineer/ Architect Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Developer/ Builder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\*Complete information in this section as applicable.

**Timeline**

Proposed Date to Commence Construction: \_\_\_\_\_ Proposed Date of Completion: \_\_\_\_\_

**Additional Information for Re-Subdivisions**

Date of Approval of Original Subdivision: \_\_\_\_\_

Date filed with the Town Clerk: \_\_\_\_\_ Map # : \_\_\_\_\_

**Fees:**

\$250 + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$10 Processing Fee + \$60 (State Fee) =  
                  (\$125 per lot)      (\$150 per 100 ft. of road/common driveway)

\$ \_\_\_\_\_ (Total) (Payable to the Town of Hebron)

**Taxes**

Are all real estate, sewer use, and sewer assessment taxes current?  yes  no

Attached is proof of payment. (required)

**Signatures**

The undersigned hereby applies for the approval of the Plan for the aforesaid subdivision and development and in consideration of such approval, covenants and agrees with the Town of Hebron, as represented by the Planning and Zoning Commission, that:

- He will install such utilities as required, including storm drainage facilities, sewage systems, and comply with such other reasonable requirements as may be made by the Planning and Zoning Commission.
- He will complete all streets in the development or abutting thereon to the satisfaction of the Selectmen within \_\_\_\_\_ months from the date of final approval of this request.
- He will file a surety and performance bond, or savings account assignment bond, or cash bond in the amount stipulated in the approval by the Planning and Zoning Commission.
- He will convey to the Town of Hebron by warranty deed all parcels of land for roads and for open space required by the Planning and Zoning Commission
- He will grant to the Town of Hebron perpetual unrestricted easements for drainage rights-of-way, and for areas designated as open space.
- He is familiar with the Zoning Regulations and the Subdivision Regulations of the Town of Hebron and that this subdivision meets all requirements therein.
- He authorizes members of the Commission and Town of Hebron staff to walk on the property for purposes of site inspections associated with this application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Owner(s) \_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_