APPLICATION FOR THE SUBDIVISION OR RESUBDIVISION OF LAND

Date:_____

PLANNING & ZONING COMMISSION TOWN OF ANDOVER				
Appl final	map entitled:		g & Zoning Commission for approval of	
1.	Description of subject parcel, as per Assessor's records:			
	Map(s) #	Block(s)	Parcel(s)	
	Zone of subject parcel:		Number of lots	
	Number of acres:			
2.	Subdivision Regulations	in the proposed	ions of the requirements of the Andover plans:	
3.	Applicant(s): If more than one use separate sheet.			
	Name:		Signature	
	Address:			
	Telephone:		Date	
			() Agent - <u>Check One</u>	
4.	Owner of Record: If other	er than applicant	, if more than one list on a separate sheet.	
	Name:		Signature	
	Address			
	Telephone		Date	

5.	The following shall be included as part of the Application:		
	() A Copy of Deed, deed restrictions, covenants, etc.		
	() Statement of intent regarding future development if owner owns abutting land.		
	() Estimate of Municipal Improvements.		
() Sanitary Report and Plan - 5 copies.			
	 () Boundary Plan - 5 copies. () Erosion and Sedimentation Control Plan - 5 copies. () Municipal Improvement Plan - 5 copies. 		
	() Road and Drainage Plan – 5 copies.		
	() Topographic Plan – 5 copies.		
	() Copies of any variance or special permit concerning this property.		
	() Is any waiver from the "Subdivision Regulations" requested? If so, a letter stating reasons must be submitted.		
	() Fee: See attached.		

Record Owner's Signature

Note: If agent signs, a letter of authorization from owner(s) must accompany this application.

FOR OFFICE USE ONLY

Date application received in Town Office:			
Date application received PZC:			
Dates of Legal Notice Public Hearing:			
Date of Public Hearing:			
Agenda Date:			
Date of Final Approval or Denial:			
Date of Final Approval or Denial Legal Notice:			
Effective Date:			
Date of expiration (5 years):			
Date Filed in Land Records:			