

**BRISTOL PLANNING COMMISSION  
CITY OF BRISTOL, CONNECTICUT  
APPLICATION FOR SUBDIVISION APPROVAL**

<i>For Office Use Only</i>
APPLICATION NO. _____
DATE FILED: _____
DECISION DATE: _____
DECISION: _____

The undersigned Applicant hereby applies to the Bristol Planning Commission for approval of the following subdivision:

Name of the Subdivision (if any): \_\_\_\_\_

Address or Location of the Subdivision: \_\_\_\_\_

Assessor's Map No.: \_\_\_\_\_ Assessor's Lot No.(s): \_\_\_\_\_ Zone of the Property: \_\_\_\_\_

Size of the Property to be Subdivided (in acres or square feet): \_\_\_\_\_ No. of Lots in the Subdivision: \_\_\_\_\_

Water Supply: [ ] city water                      Sanitary Sewer: [ ] city sewer  
                  [ ] private well(s)                      [ ] on-site septic system(s)

Does the Property to be subdivided abut an adjoining municipality? [ ] no [ ] yes, Town of \_\_\_\_\_

Does this subdivision involve land regulated under the Inland Wetlands and Watercourses provisions of the Connecticut General Statutes? [ ] yes [ ] no

*NOTE: Section 8-26 of the Connecticut General Statutes requires that, if an application for subdivision approval involves land regulated under the Inland Wetlands and Watercourses provisions of the statutes, the applicant must submit an application for a wetlands permit to the local Inland Wetlands Agency no later than the day the subdivision application is filed.*

APPLICANT (If more than one, list each separately)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ *Signature – (Printed/Typed)* \_\_\_\_\_

CHECK ONE: [ ] owner [ ] other (specify): \_\_\_\_\_

OWNER(S) OF RECORD (If other than Applicant; if more than one, list on Page 2)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ *Signature – (Printed/Typed)* \_\_\_\_\_

**The following shall be included as part of this application:**

- filing fee – \$125 per lot; \$250 minimum, *plus* \$60 State fee (make checks payable to "City of Bristol")
- seven copies of the subdivision plan, in accordance with the submission requirements of the Bristol Subdivision Regulations
- any other data and drawings as may be required by the Planning Commission

**THIS APPLICATION MUST BE FILED IN PERSON NO LATER THAN 12 NOON ON THE DEADLINE DAY FOR APPLICATION SUBMISSION – NO EXCEPTIONS!**

**CITY OF BRISTOL, CONNECTICUT  
SUPPLEMENTARY INFORMATION**

*For Office Use Only*  
APPLICATION NO. \_\_\_\_\_

Address or location of property: \_\_\_\_\_

**ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)**

**ADDITIONAL APPLICANT**

Name: \_\_\_\_\_ CHECK ONE: [ ] owner [ ] other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**ADDITIONAL OWNER(S) OF RECORD**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CITY OF BRISTOL, CONNECTICUT  
SUPPLEMENTARY INFORMATION**

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APPLICATION NO. \_\_\_\_\_

Address or location of property: \_\_\_\_\_

**ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)**

**ADDITIONAL APPLICANT**

Name: \_\_\_\_\_ CHECK ONE: [ ] owner [ ] other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**ADDITIONAL OWNER(S) OF RECORD**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

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Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_