

Permit # \_\_\_\_\_

Town of Morgan

Application for Zoning Permit,

SUBDIVISION OF LAND

The undersigned hereby applies for a zoning permit for the subdivision of land, to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

Applicant

Landowner

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

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

\_\_\_\_\_

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

Location of property: 911 # \_\_\_\_\_

Morgan Tax Map: Page # \_\_\_\_\_ Parcel # \_\_\_\_\_

Morgan Parcel # (per grand list) \_\_\_\_\_

Deed recorded in Vol. # \_\_\_\_\_ Page # \_\_\_\_\_

Survey Map Available? Yes \_\_\_ No \_\_\_ Recorded. Book # \_\_\_\_\_ Page # \_\_\_\_\_

Signature of Applicant

Date of Application

This application is for Subdivision of Land only. See attached sheet for specific requirements

Decision of Administrative Officer

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit # \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Referred to: Planning Commission \_\_\_\_\_ Board of Adjustment \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Date Appeal Period Expires: \_\_\_\_\_

NOTE: An interested person may appeal a decision of the **Administrative** Officer within fifteen (15) days of the date of such decision. Tins permit shall not take effect until the tune for such appeal has passed.

Signature of Administrative Officer

Date of Issuance

Notes: