



# TOWN OF EAST GRANBY

INCORPORATED 1858

PLANNING DEPARTMENT  
9 CENTER ST  
EAST GRANBY, CONNECTICUT 06026  
PHONE 1-860-413-3331 FAX 1-860-653-4017

## APPLICATION FOR FIRST CUT OR LOT LINE REVISION

**FEE: \$50**

Application Date: \_\_\_\_\_ Review Type (check one): \_\_\_\_\_ First Cut \_\_\_\_\_ Lot Line Revision

### Land Owners of Record

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Applicant/Agent

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

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

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

### Site Data

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

Zoning District: \_\_\_\_\_ Current Acreage: \_\_\_\_\_ Proposed Acreage: \_\_\_\_\_

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

Zoning District: \_\_\_\_\_ Current Acreage: \_\_\_\_\_ Proposed Acreage: \_\_\_\_\_

### Required Documentation

Did the lot(s) exist prior to June 1, 1956? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, provide the date of approval of the lot line revision, first cut, subdivision, or resubdivision which created the lot(s): \_\_\_\_\_ (Re)Subdivision Name, \_\_\_\_\_

1. \_\_\_\_ Completed Application
2. \_\_\_\_ Copy of recorded Deed(s)
3. \_\_\_\_ A-2 survey showing existing and proposed lot lines, location of any structures onsite, and location of code complaint septic system and reserve areas
4. \_\_\_\_ For First Cut- All deeds indicating that no division of the property has occurred since June 1, 1956.

**Office Use Only:**

Planner's Decision Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Mylar signed, if required: \_\_\_\_\_ Date filed on Land Records: \_\_\_\_\_

Notes:

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