FIRST CUT DIVISION OF LAND / LOT-LINE REVISIONS / EASEMENT / DETERMINATION
OF A “LOT” INFORMATION FORM

Submission Date: ______________

O FIRST CUT DIVISION OF LAND

O EASEMENT MAP

O LOT-LINE REVISION(S)

O BUILDING LOT DETERMINATION

Address of property: __________________________________________________________

Assessor’s Map: _______ Block: _______ Lot: _______ Zoning District: _______

Existing Use(s) of Property: __________________________________________________

Proposed Use(s) of Property: ________________________________________________

Owner of Record (print): _____________________ Signature: _____________________

Second/Adjoining Property: (To be completed only if application is a lot line revision)

Address of Property: _______________________________________________________  

Assessor’s Map: _______ Block: _______ Lot: _______ Zoning District: _______

Existing Use(s) of Property: ________________________________________________

Proposed Uses(s) of Property: ______________________________________________

Owner of Record (print): _____________________ Signature: _____________________

Reason for Request: ________________________________________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

App./Agent (print): _______________ Signature: _______________ Phone #: ___________  

___________________________________________________________________________________________________________________________

Approved By: _____________________________________________________________________________________________

_________________________________________ Date: ________________  

Brian Platz Date: ________________
Chief Building Official 
Approved By: JEN EIelson, REHS/RS, MPH Date: ________________
Director of Health

LyNN BROOKS AVNI, AICP Date: ________________
Town Planner/Sr. Enforcement Officer

Lot # Assigned by Assessor: ___________ Date: ________________

Map # Assigned by Town Clerk: ___________ Date: ________________


TOWN OF NEW CANAAN
PLANNING & ZONING COMMISSION

FILE DATE: 08/05/2019

FIRST CUT DIVISION OF LAND FORM 08.05.19.doc