TOWN OF ROXBURY
PLANNING COMMISSION

LOT LINE REVISION
APPLICATION

First Cut ☐

Interior Lot ☐

Name of Applicant: _____

Mailing Address: _____

Email Address: _____

Name of Owner of Record of Property: _____

Mailing Address: _____

Agent (if any): _____

Mailing Address: _____

Address of Property (Include Street No.): _____

Assessor's Map: _____   Assessor's Lot: _____

Acreage: _____   Number of Lots: _____

Size of each lot: _____

Property Easements, Deed Restrictions, Encumbrances (if any): _____

THE ADJOINING PROPERTY OWNER MUST AGREE TO THE PROPOSED LOT LINE REVISION. A LETTER INDICATING THIS SUPPORT MUST ACCOMPANY THE APPLICATION FORM.

It should be noted that according to Zoning Regulations 3.2.7 "A residential lot in any zone shall have access to buildable, non-wetlands area of at least two contiguous acres, which access shall not substantially impinge on wetlands." All Interior Lots must meet Zoning Regulations before consideration by the Planning Commission.

Did the existing lot(s) exist prior to February 5, 1962? _____

If no, provide the date of approval of the lot line revision, first cut, subdivision, or resubdivision which created the lot(s)

Have there been changes in the property since that date? _____

If yes, the date of the approval: _____

The applicant must certify whether the activity does/does not threaten the continued existence of any endangered or threatened species according to the attached instructions provided.

FEES: ALL CHECKS TO BE MADE PAYABLE TO THE TOWN OF ROXBURY
- Lot Line Revision - $75.00
- Interior Lot - $125.00
- Public Hearing (if necessary) - $350.00
- State of Connecticut DEEP Fee - $60.00 (Separate check required on all applications)

This application grants the members of the Roxbury Planning Commission and the Board of Selectmen or their authorized agent permission to enter the above property for the purpose of inspection and for endorsement of the Subdivision Regulation of the Town of Roxbury.

_____   _____
Applicant's Signature   Owner's Signature

_____   _____
Date   Date