

TOWN OF WARREN  
50 Cemetery Road  
Warren, CT 06754

**APPLICATION FOR REVISION OF SUBDIVISION PLAN  
Effective 7/10/84**

Filing Fee is enclosed.

Title of Map \_\_\_\_\_

Date of Subdivision Approval \_\_\_\_\_ Planning & Zoning Ref. # \_\_\_\_\_

Three (3) copies of a statement indicating the nature and purpose of the proposed revision supplied herewith.

Three (3) copies of a MAP of the proposed revision are supplied herewith.

One (1) copy of the approved subdivision map with pencil markings showing the revision proposed. This copy must show the date when it was approved.

Referral to Conservation Commission if revision affects wetlands, (Sec. 4.3.6.c).

Report required from sanitarian if water or sewage is affected by revision, (Sec. 4.3.6).

If access to town or state road is changed by revision, approval of change in plan is required, (Sec. 4.3.6).

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Board of Selectmen (or State D.O.T. if on State Highway)

Any other approvals or referrals required by Zoning or Subdivision Regulations because of this revision.

Name of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Print Name of Applicant \_\_\_\_\_

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

Telephone Number (h): \_\_\_\_\_ (c): \_\_\_\_\_

