

file # \_\_\_\_\_  
filing date \_\_\_\_\_

**MANSFIELD PLANNING & ZONING COMMISSION  
APPLICATION FOR SUBDIVISION OR RESUBDIVISION APPROVAL**

Name of subdivision \_\_\_\_\_

Name of subdivider (applicant) \_\_\_\_\_ Phone # \_\_\_\_\_  
(please PRINT)

Address \_\_\_\_\_  
(street) (town) (state) (zip)

Signature \_\_\_\_\_ (owner \_\_\_\_\_)  
(optionee) \_\_\_\_\_ Date \_\_\_\_\_

**OWNER (IF OTHER THAN SUBDIVIDER)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(please PRINT)

Address \_\_\_\_\_  
(street) (town) (state) (zip)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEES**

See Town Council-approved Fee Schedule & Eastern Highlands Health District Review Fee Schedule  
(Subdivisions will not be reviewed by Eastern Highlands Health District unless an Application for Plan  
Review has been submitted)

**SUBDIVISION DATA**

Location:  
\_\_\_\_\_  
\_\_\_\_\_

Zoning district \_\_\_\_\_ Total # of acres \_\_\_\_\_  
Total # of lots \_\_\_\_\_

**EXTENSION OF TIME**

Pursuant to Section 8-26d, subsection (b) of the Connecticut General Statutes, the undersigned applicant hereby  
consents to an extension of time within which the Planning and Zoning Commission is required by law to approve,  
modify and approve or disapprove a subdivision plan known as

\_\_\_\_\_  
and located at/on \_\_\_\_\_

It is agreed that such extension of time shall not exceed 65 days and it is understood that this extension of time is in  
addition to the first 65-day period after the receipt of the application by the Planning & Zoning Commission.

Signature \_\_\_\_\_ Date \_\_\_\_\_