(FOR OFFICE USE ONLY)

File # _____

Date of Receipt _____

TOWN OF WINDHAM

979 Main Street Willimantic, CT 06226
Phone (860) 465-3045 Fax (860) 465-3039

SUBDIVISION PRE- APPLICATION REVIEW

Name(s) of Applicant:_____

If Corporation or LLC, names of officers:_____

Applicant's Contact Information: phone: _____Fax: _____

Mailing Address:_____

Name of Property Owner: _____

Mailing Address: _____

Name of Subdivision: _____

Name, Address and registration/license number of

Surveyor: _____

Engineer: _____

Other Professional: _____

Location of property: _____

Deed(s) recorded as: Volume: _____ Page: _____ Dated: _____

Volume: _____ Page: _____ Dated: _____

Existing easements, deed restrictions or other encumbrances on the property:

_____

The undersigned hereby agrees to a pre-application review prior to submitting a formal application for approval of the under the Windham Subdivision Regulations. Furthermore, the undersigned affirms that the pre-application review is an option, that the review meetings enjoy no official legal status and that consent with regard to feasibility of any pre-application plans on the part of the Commission in no way implies approval of, nor intent to approve, a Formal Application for subdivision under Section 4 of the Windham Subdivision Regulations. The owner and applicant hereby grant permission to the Windham Planning Commission and its authorized representatives to enter the property described above for the purpose of inspection and suitability for (re)subdivision and for the purpose of enforcing the subdivision regulations.

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____