CITY OF CONNEAUT – ZONING DEPARTMENT
MINOR SUBDIVISION APPLICATION

PROJECT INFORMATION (Please Print)

Project Address_____Zoning District_____
Parcel Number_____

Name and Address of Applicant: (Print Full Address)

Company Name:_____
Contact Person:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____
Phone Number:_____ E-Mail:_____ Fax:_____
APPLICANTS SIGNATURE:_____ **DATE:**_____

Name and Address of Property Owner: (Authorization required if different than applicant)

Company Name:_____
Contact Person:_____
Street Address:_____
City:_____ _State:_____ Zip Code:_____
Phone Number:_____ E-Mail:_____ Fax:_____
OWNERS SIGNATURE:_____ **DATE:**_____

Name and address of Engineer/Surveyor: (Print Full Address)

Company Name:_____
Contact Person:_____
Street Address:_____
City:_____ _State:_____ Zip Code:_____
Phone Number:_____ E-Mail:_____ Fax:_____

Sublot Data:

Lot Line Adjustment ☐ Yes ☐ No Name of Adjoining Public Street:_____

Sublot	Lot Frontage (at Right of Way)	Lot Width (at Front Setback)	Lot Area (Acreage or Square Feet)

Office Use Only

☐ Fee Paid ($25) ☐ Planning Commission Review Required ☐ City Council Review Required

Received By:_____ Meeting Date:_____