## **Subdivision Application**

## Applicant contact information:

Name				
Address				
Phone	(h)	_ (w)	(c)	
<b>Property Info</b>	rmation:			
Map	Lot	Book	Page	
Total acreage of	of property	Zone		
Have any lots b (If yes, provide		nis property in the last 5	years? [] Yes	[ ] No
<u>Subdivision in</u>	formation:			
Proposed subdi	ivision name			
Number of pro	posed units/lots			
Type of subdiv	ision (check one)	[] Major [	] Minor	
Average size o	f "new lots"	<b>—</b>		

## Exhibits & other information required to be included for processing of this application are listed on page 21 – 33 of the Subdivision Ordinance.

I hereby certify that the proposed subdivision is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent. We certify that we have reviewed the applicable portions of the land use and subdivision ordinance as well as any other ordinance applicable to this project. We certify that we have knowledge of any DEP or other applicable regulations which apply to this project. We agree to conform to all applicable ordinances and policies of the Town of Burlington as they relate to this project.

Applicant signature	Date	
Owner signature	Date	