



SUBMITTAL DATE: _____

**Town of Burlington Land Use Department
Free Split/Lot Merger/Lot Boundary Line Adjustment
Compliance Application Form**

This completed form must be signed by all parties of record and submitted to the Zoning Enforcement Officer/Building Department for review. When approved, you may file the map with the Town Clerk. Department review of plans is authorized by C.G.S. § 20-304.

CHECK ONE: _____ Free Split _____ Lot Merger _____ Boundary Line Adjustment

Addresses of all Subject Properties (including Assessor Map/Block/Lot #):

1. _____
2. _____

Names & Addresses of Owners of Record of all Subject Properties:

1. _____
2. _____

Telephone Numbers & Email Addresses of Owners of Record:

1. _____
2. _____

Agent Name, Address, Telephone & Email (if applicable): _____

** Note: If there are more than two (2) Subject Properties, use additional sheet. **

Zoning District(s) of all Subject Properties: _____

LOT MERGER OR BOUNDARY LINE ADJUSTMENT PLANS:

A Merger or Boundary Line Adjustment Plan prepared by a Licensed Land Surveyor and/or Professional Engineer as required shall be submitted with this application showing existing and proposed conditions. The plan shall comply with all applicable local, state or federal requirements, including but not limited to, Zoning & Wetlands Regulations, Stormwater & Road Ordinances, CT Public Health Code, etc. Deeds and Easements to be filed shall reflect proposed lot lines and plan conditions.

FREE SPLIT PLANS: A Free Split Plan prepared by a Licensed Land Surveyor and/or Professional Engineer as required shall be submitted with this application showing existing and proposed lots. Evidence of eligibility for creation of a Free Split lot is required. The plan shall comply with all applicable local, state or federal requirements, including but not limited to, Zoning & Wetlands Regulations, Stormwater & Road Ordinances, CT Public Health Code, etc. Deeds and Easements to be filed shall reflect proposed lots and plan conditions.

Signatures of Owners/Agents of Record of all Subject Properties:

1. _____ Date: _____
Signature
2. _____ Date: _____
Signature
3. _____ Date: _____
Signature

Additional Property, Owner of Record, Agent Information, as needed:

Additional Signatures/Dates, as needed:

Signature

Date: _____

Signature

Date: _____

**** FOR STAFF USE ONLY BELOW THIS LINE ****

STAFF APPROVALS

1. ZONING & WETLANDS OFFICIAL:

Signature

Date: _____

Comments/Conditions: _____

2. BRISTOL BURLINGTON HEALTH DISTRICT:

Signature

Date: _____

Comments/Conditions: _____

IMPORTANT NOTE:

TOWN SIGNATURES ON FORM AND ACCEPTANCE BY THE TOWN DOES NOT IMPLY OR GUARANTEE THAT AFFECTED LOTS CAN BE BUILT ON OR FURTHER DEVELOPED IN ANY WAY.