# TOWN OF GRISWOLD
# PLANNING & ZONING COMMISSION
# PARCEL FREE SPLIT REVIEW FORM

**APPLICANT:** **Date:** _____

**Name:** _____

**Property Address:** _____

**Phone Number:** _____

**Property Owner:**

**Name:** _____

**Address:** _____

**Phone Number:** _____

**Assessor's Map Details**

| Map(s) | Block(s) | Lot(s) | Volume(s) | Page(s) |
|---|---|---|---|---|
| | | | | |

**I, the property owner and applicant, certify to the Town of Griswold that the parcel in question provides a free split.**

| Date | Land Surveyor / Civil Engineer | Address | License # |
|---|---|---|---|
| | | | |

| Date | Property Owner | Applicant |
|---|---|---|
| | | |

**THE FOLLOWING DOCUMENTATION SHALL BE PROVIDED FOR REVIEW :**

- ☐ **A parcel history and a parcel map or inset showing and documenting the origin and previous division procedures, if any, to the parcel status in March 1971 to the present parcel subject to this free split review. This parcel history, and parcel map should be signed and certified by a licensed land surveyor and /or attorney.**
- ☐ **Health Department letter demonstating code compliance for free split parcel and parcel remaining after free split.**

**FREE SPLIT COMPLIANCE TO ZONING REGULATIONS :**

- ☐ **Free Split Determination**
- ☐ **Re-Subdivision Determination**
- ☐ **Re-Subdivion Approval Required**
- ☐ **Zoning Compliant**
- ☐ **Not Zoning Compliant**
- ☐ **Zoning Permit Required**

| Town Planner | Review Date | Zoning Enforcement Officer | Review Date |
|---|---|---|---|
| | | | |

***DO NOT WRITE BELOW THIS LINE: FOR OFFICIAL USE ONLY***

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**Zoning Permit No. or Subdivision No:** _____

**Date of Planning & Zoning Commission Meeting Following Ruling Request:** _____

**Date of Planning Zoning Commission Decision:** _____

**Decision of Planning & Zoning Commission:** **APPROVED:** _____ **DENIED:** _____

**Comments:** _____

_____

Print Form