



Town of Warren

Land Use Office
50 Cemetery Rd
Warren CT 06754
860-868-7881

APPLICATION FOR FIRST CUT OR LOT LINE REVISION

Application Date: _____ Check One: _____ First Cut _____ Lot Line Revision

LAND OWNERS OF RECORD

Site Address: _____
Name: _____
Mailing Address: _____
Phone: _____ Email: _____

Site Address: _____
Name: _____
Mailing Address: _____
Phone: _____ Email: _____

APPLICANT/AGENT

Name: _____
Mailing Address: _____
Phone: _____ Email: _____

SITE DATA

Street Address: _____
Zoning District: _____ Current Acreage: _____ Proposed Acreage: _____

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Zoning District: _____ Current Acreage: _____ Proposed Acreage: _____

Did the lot(s) exist prior to October 6, 1975? _____ Yes _____ No
If "No", provide the date of approval of the lot line revision, first cut, subdivision, or resubdivision which created the lot(s): _____ (Re)Subdivision Name (if applicable): _____

*Please include field cards of all properties included in the lot line revision application.
If more than two lots are altered, indicate additional site data on another sheet.*

REQUIRED DOCUMENTATION

_____ Completed Application
_____ Updated Deed
_____ A-2 Survey showing existing and proposed lot lines, location of any structures onsite, and location of code compliant septic system and reserve areas (Original + 3 Copies)
_____ Letter from Torrington Area Health District indicating proposal's compliance with Public Health Code
_____ Fee \$125.00

Applicant Signature: _____ Date: _____

Office Use Only

Land Use Office Decision Date: _____ Approved _____ Denied _____
Date Mylar Signed: _____ Date Filed on Land Records: _____
Notes: _____