

APPLICATION FOR SUBDIVISION/RESUBDIVISION APPROVAL
GLASTONBURY, CONNECTICUT

1. Name of Owner(s) PATRICIA A ORSINI
REVOCABLE TRUST
2. Address 659 COUNTRY CHURCH RR
GLASTONBURY, CT

3. Name of Subdivider SAME (CONTACT- JOSEPH ORSINI)
Address _____
Telephone Number 860-882-3753
Fax Number _____

4. Subdivision Name PATRICIA A. ORSINI REVOCABLE TRUST
5. Check one () Conditional Approval () Final Approval

6. No. of Frontage Lots 1 No. of Rear Lots* _____

*(If there are rear lots, a Section 6.8 Special Permit will be required) **NOV 21 2022**

7. Zone in which subdivision is proposed RR ZONE

8. Legal description of parcel(s) of land involved
VOLUME 2551 - PAGE 248 Advanced survey
jorsini4@cox.net @aol.com

9. Is any portion of the property to be subdivided located within 500 feet of the Town boundary? () Yes () No

The undersigned hereby applies for the approval of a plan for subdivision of the parcel described herein and confirms and attests that: The proposed subdivision and the plan, maps, and other documentation submitted meet all requirements of the Subdivision and Resubdivision Regulations of the Town of Glastonbury.

Signature of applicant(s) Joseph Orsini Date 11-21-22

Signature of owner(s) Patricia A. Orsini Date 11/21/22

Fee: \$300.00 (plus \$60 State of CT fee) = \$360.00 plus: \$250.00 for each lot
Application and fee to be submitted with 14 sets of plans

Fee received _____ Signature [Signature] Date 11/21/22